

110TH CONGRESS
2D SESSION

H. R. 5501

To authorize appropriations for fiscal years 2009 through 2013 to provide assistance to foreign countries to combat HIV/AIDS, tuberculosis, and malaria, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 27, 2008

Mr. BERMAN (for himself, Ms. ROS-LEHTINEN, Mr. PAYNE, Ms. LEE, Mr. WAXMAN, and Ms. JACKSON-LEE of Texas) introduced the following bill; which was referred to the Committee on Foreign Affairs, and in addition to the Committee on Financial Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To authorize appropriations for fiscal years 2009 through 2013 to provide assistance to foreign countries to combat HIV/AIDS, tuberculosis, and malaria, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE AND TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Tom Lantos and Henry J. Hyde United States Global

1 Leadership Against HIV/AIDS, Tuberculosis, and Malaria
 2 Reauthorization Act of 2008”.

3 (b) TABLE OF CONTENTS.—The table of contents for
 4 this Act is as follows:

Sec. 1. Short title and table of contents.
 Sec. 2. Findings.
 Sec. 3. Definitions.
 Sec. 4. Purpose.

TITLE I—POLICY PLANNING AND COORDINATION

Sec. 101. Development of a comprehensive, five-year, global strategy.
 Sec. 102. HIV/AIDS Response Coordinator.

TITLE II—SUPPORT FOR MULTILATERAL FUNDS, PROGRAMS, AND PUBLIC-PRIVATE PARTNERSHIPS

Sec. 201. Sense of Congress on public-private partnerships.
 Sec. 202. Participation in the Global Fund to Fight AIDS, Tuberculosis and
 Malaria.
 Sec. 203. Voluntary contributions to international vaccine funds.
 Sec. 204. Program to facilitate availability of microbicides to prevent trans-
 mission of HIV and other diseases.
 Sec. 205. Plan to combat HIV/AIDS, tuberculosis, and malaria by strength-
 ening health policies and health systems of host countries.

TITLE III—BILATERAL EFFORTS

Subtitle A—General Assistance and Programs

Sec. 301. Assistance to combat HIV/AIDS.
 Sec. 302. Assistance to combat tuberculosis.
 Sec. 303. Assistance to combat malaria.
 Sec. 304. Health care partnerships to combat HIV/AIDS.

Subtitle B—Assistance for Women, Children, and Families

Sec. 311. Policy and requirements.
 Sec. 312. Annual reports on prevention of mother-to-child transmission of the
 HIV infection.
 Sec. 313. Strategy to prevent HIV infections among women and youth.
 Sec. 314. Clerical amendment.

TITLE IV—AUTHORIZATION OF APPROPRIATIONS

Sec. 401. Authorization of appropriations.
 Sec. 402. Sense of Congress.
 Sec. 403. Allocation of funds.
 Sec. 404. Prohibition on taxation by foreign governments.

TITLE V—SUSTAINABILITY AND STRENGTHENING OF HEALTH CARE SYSTEMS

Sec. 501. Sustainability and strengthening of health care systems.

Sec. 502. Clerical amendment.

1 **SEC. 2. FINDINGS.**

2 Section 2 of the United States Leadership Against
3 HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22
4 U.S.C. 7601) is amended by adding at the end the fol-
5 lowing:

6 “(29) The HIV/AIDS pandemic continues to
7 pose a major threat to the health of the global com-
8 munity, from the most severely-affected regions of
9 sub-Saharan Africa and the Caribbean, to the
10 emerging epidemics of Eastern Europe, Central
11 Asia, South and Southeast Asia, and Latin America.

12 “(30) According to UNAIDS’ 2007 global esti-
13 mates, there are 33.2 million individuals with HIV/
14 AIDS worldwide, including 2.5 million people newly-
15 infected with HIV. Of those infected with HIV, 2.5
16 million are children under 15 who also account for
17 460,000 of the newly-infected individuals.

18 “(31) Sub-Saharan Africa continues to be the
19 region most affected by the HIV/AIDS pandemic.
20 More than 68 percent of adults and nearly 90 per-
21 cent of children with HIV/AIDS live in sub-Saharan
22 Africa, and more than 76 percent of AIDS deaths
23 in 2007 occurred in sub-Saharan Africa.

1 “(32) Although sub-Saharan Africa carries the
2 heaviest disease burden of HIV/AIDS, the HIV/
3 AIDS pandemic continues to affect virtually every
4 world region. While prevalence rates are relatively
5 low in Eastern Europe, Central Asia, South and
6 Southeast Asia, and Latin America, without effective
7 prevention strategies, HIV prevalence rates could
8 rise quickly in these regions.

9 “(33) By world region, according to UNAIDS’
10 2007 global estimates—

11 “(A) in sub-Saharan Africa, there were
12 22.5 million adults and children infected with
13 HIV, up from 20.9 million in 2001, with 1.7
14 million new HIV infections, a 5 percent preva-
15 lence rate, and 1.6 million deaths;

16 “(B) in South and Southeast Asia, there
17 were 4 million adults and children infected with
18 HIV, up from 3.5 million in 2001, with
19 340,000 new HIV infections, a 0.3 percent
20 prevalence rate, and 270,000 deaths;

21 “(C) in East Asia, there were 800,000
22 adults and children infected with HIV, up from
23 420,000 in 2001, with 92,000 new HIV infec-
24 tions, a 0.1 percent prevalence rate, and 32,000
25 deaths;

1 “(D) in Eastern and Central Europe, there
2 were 1.6 million adults and children infected
3 with HIV, up from 630,000 in 2001, with
4 150,000 new HIV infections, a 0.9 percent
5 prevalence rate, and 55,000 deaths; and

6 “(E) in the Caribbean, there were 230,000
7 adults and children infected with HIV, up from
8 190,000 in 2001, with 17,000 new HIV infec-
9 tions, a 1 percent prevalence rate, and 11,000
10 deaths.

11 “(34) Tuberculosis is the number one killer of
12 individuals with HIV/AIDS and is responsible for up
13 to one-half of HIV/AIDS deaths in Africa.

14 “(35) The wide extent of drug resistant tuber-
15 culosis, including both multi-drug resistant tuber-
16 culosis (MDR-TB) and extensively drug resistant
17 tuberculosis (XDR-TB), driven by the HIV/AIDS
18 pandemic in sub-Saharan Africa, has hampered both
19 HIV/AIDS and tuberculosis treatment services. The
20 World Health Organization (WHO) has declared the
21 prevalence of tuberculosis to be at emergency levels
22 in sub-Saharan Africa.

23 “(36) Forty percent of the world’s population,
24 mostly poor, live in malarial zones, and malaria,
25 which is highly preventable, kills more than 1 million

1 individuals worldwide each year. Ninety percent of
2 malaria's victims are in sub-Saharan Africa and 70
3 percent of malaria's victims are children under the
4 age of 5. Additionally, hunger and malnutrition kill
5 another 6 million individuals worldwide each year.

6 “(37) Assistance to combat HIV/AIDS must
7 address the nutritional factors associated with the
8 disease in order to be effective and sustainable. The
9 World Food Program estimates that 6.4 million indi-
10 viduals affected by HIV will need nutritional support
11 by 2008.

12 “(38) Women and girls continue to be vulner-
13 able to HIV, in large part, due to gender-based cul-
14 tural norms that leave many women and girls power-
15 less to negotiate social relationships.

16 “(39) Women make up 50 percent of individ-
17 uals infected with HIV worldwide. In sub-Saharan
18 Africa, where the HIV/AIDS epidemic is most se-
19 vere, women make up 57 percent of individuals in-
20 fected with HIV, and 75 percent of young people in-
21 fected with HIV in sub-Saharan Africa are young
22 women ages 15 to 24.

23 “(40) Women and girls are biologically, socially,
24 and economically more vulnerable to HIV infection.
25 Gender disparities in the rate of HIV infection are

1 the result of a number of factors, including the fol-
2 lowing:

3 “(A) Cross-generational sex with older men
4 who are more likely to be infected with HIV,
5 and a lack of choice regarding when and whom
6 to marry, leading to early marriages and high
7 rates of child marriages with older men. About
8 one-half of all adolescent females in sub-Saha-
9 ran Africa and two-thirds of adolescent females
10 in Asia are married by age 18.

11 “(B) Studies show that married women
12 and married and unmarried girls often are un-
13 able or find it difficult to negotiate the fre-
14 quency and timing of sexual intercourse, ensure
15 their partner’s faithfulness, or insist on condom
16 use. Under these circumstances, women often
17 run the risk of being infected by husbands or
18 male partners in societies where men in rela-
19 tionships have more than one partner. Behavior
20 change is particularly important in societies in
21 which this is a common practice.

22 “(C) Because young married women and
23 girls are more likely to have unprotected sex
24 and have more frequent sex than their unmar-
25 ried peers, and women and girls who are faith-

1 ful to their spouses can be placed at risk of
2 HIV/AIDS through a husband's infidelity or
3 prior infection, marriage is not always a guar-
4 antee against HIV infection, although it is a
5 protective factor overall.

6 “(D) Social and economic inequalities
7 based largely on gender limit access for women
8 and girls to education and employment opportu-
9 nities and prevent them from asserting their in-
10 heritance and property rights. For many
11 women, a lack of independent economic means
12 combines with socio-cultural practices to sustain
13 and exacerbate their fear of abandonment, evic-
14 tion, or ostracism from their homes and com-
15 munities and can leave many more women
16 trapped within relationships where they are vul-
17 nerable to HIV infection.

18 “(E) A lack of educational opportunities
19 for women and girls is linked to younger sexual
20 debut, earlier childhood marriage, earlier child-
21 bearing, decreased child survival, worsening nu-
22 trition, and increased risk of HIV infection.

23 “(F) High rates of gender-based violence,
24 rape, and sexual coercion within and outside
25 marriage contribute to high rates of HIV infec-

tion. According to the World Health Organization, between one-sixth and three-quarters of women in various countries and settings have experienced some form of physical or sexual violence since the age of 15 within or outside of marriage. Women who are unable to protect themselves from such violence are often unable to protect themselves from being infected with HIV through forced sexual contact.

“(G) Fear of domestic violence and the continuing stigma and discrimination associated with HIV/AIDS prevent many women from accessing information about HIV/AIDS, getting tested, disclosing their HIV status, accessing services to prevent mother-to-child transmission of HIV, or receiving treatment and counseling even when they already know they have been infected with HIV.

“(H) According to UNAIDS, the vulnerability of individuals involved in commercial sex acts to HIV infection is heightened by stigmatization and marginalization, limited economic options, limited access to health, social, and legal services, limited access to information and prevention means, gender-related dif-

1 ferences and inequalities, sexual exploitation
2 and trafficking, harmful or non-protective laws
3 and policies, and exposure to risks associated
4 with commercial sex acts, such as violence, sub-
5 stance abuse, and increased mobility.

6 “(I) Lack of access to basic HIV preven-
7 tion information and education and lack of co-
8 ordination with existing primary health care to
9 reduce stigma and maximize coverage.

10 “(J) Lack of access to currently available
11 female-controlled HIV prevention methods, such
12 as the female condom, and lack of training on
13 proper use of either male or female condoms.

14 “(K) High rates of other sexually trans-
15 mitted infections and complications during
16 pregnancies and childbirth.

17 “(L) An absence of functioning legal
18 frameworks to protect women and girls and,
19 where such frameworks exist, the lack of ac-
20 countable and effective enforcement of such
21 frameworks.

22 “(41) In addition to vulnerabilities to HIV in-
23 fection, women in sub-Saharan Africa face a 1-in-13
24 chance of dying in childbirth compared to a 1-in-16
25 chance in least-developed countries worldwide, a 1-

1 in-60 chance in developing countries, and a 1-in-
2 4,100 chance in developed countries.

3 “(42) Due to these high maternal mortality
4 rates and high HIV prevalence rates in certain coun-
5 tries, special attention is needed in these countries
6 to help HIV-positive women safely deliver healthy
7 babies and save women’s lives.

8 “(43) Unprotected sex within or outside of mar-
9 riage is the single greatest factor in the transmission
10 of HIV worldwide and is responsible for 80 percent
11 of new HIV infections in sub-Saharan Africa.

12 “(44) Multiple randomized controlled trials
13 have established that male circumcision reduces a
14 man’s risk of contracting HIV by 60 percent or
15 more. Twelve acceptability studies have found that
16 in regions of sub-Saharan Africa where circumcision
17 is not traditionally practiced, a majority of men
18 want the procedure. Broader availability of male cir-
19 cumcision services could prevent millions of HIV in-
20 fections not only in men but also in their female
21 partners.

22 “(45)(A) Youth also face particular challenges
23 in receiving services for HIV/AIDS.

24 “(B) Nearly one-half of all orphans who have
25 lost one parent and two-thirds of those who have lost

1 both parents are ages 12 to 17. These orphans are
2 in particular need of services to protect themselves
3 against sexually-transmitted infections, including
4 HIV.

5 “(C) Research indicates that many youth ben-
6 efit from full disclosure of medically accurate, age-
7 appropriate information about abstinence, partner
8 reduction, and condoms. Providing comprehensive
9 information about HIV, including delay of sexual
10 debut and the ABC model: ‘Abstain, Be faithful, use
11 Condoms’, and linking such information to health
12 care can help improve awareness of safe sex prac-
13 tices and address the fact that only 1 in 3 young
14 men and 1 in 5 young women ages 15 to 24 can cor-
15 rectly identify ways to prevent HIV infection.

16 “(D) Surveys indicate that no country has suc-
17 ceeded in fully educating more than one-half of its
18 youth about the prevention and transmission of
19 HIV.

20 “(46) According to the United Nations High
21 Commissioner for Refugees (UNHCR), HIV/AIDS
22 prevalence rates among refugees are generally lower
23 than the HIV/AIDS prevalence rates for their host
24 communities, though perceptions run counter to this
25 fact. However, peacekeeping operations that no

1 longer deploy HIV/AIDS-positive troops still face
2 vulnerabilities to sexual transmission of HIV with
3 HIV-positive individuals in refugee camps. Host
4 countries generally do not provide HIV/AIDS pre-
5 vention, treatment, and care services for refugees.

6 “(47) Continuing progress to reach the millions
7 of impoverished individuals who need voluntary test-
8 ing, counseling, treatment, and care for HIV/AIDS
9 requires increased efforts to strengthen health care
10 delivery systems and infrastructure, rebuild and ex-
11 pand the health care workforce, and strengthen al-
12 lied and support services in countries receiving
13 United States global HIV/AIDS assistance.

14 “(48) While HIV/AIDS poses the greatest
15 health threat of modern times, it also poses the
16 greatest development challenge for developing coun-
17 tries with fragile economies and weak public finan-
18 cial management systems that are ill equipped to
19 shoulder the burden of this disease. International
20 donors will have to play a critical role in providing
21 resources for HIV/AIDS programs far into the fu-
22 ture.

23 “(49) The emerging partnerships between coun-
24 tries most affected by HIV/AIDS and the United
25 States must include stronger coordination between

1 HIV/AIDS programs and other United States for-
2 eign assistance programs, and stronger collaboration
3 with other donors in the areas of economic develop-
4 ment and growth strategies.

5 “(50) The future control of HIV/AIDS de-
6 mands coordination between international organiza-
7 tions such as the Global Fund to Fight AIDS, Tu-
8 berculosis and Malaria, UNAIDS, the World Health
9 Organization (WHO), the World Bank and the
10 International Monetary Fund (IMF), the inter-
11 national donor community, national governments,
12 and private sector organizations, including commu-
13 nity and faith-based organizations.

14 “(51) The future control of HIV/AIDS further
15 requires effective and transparent public finance
16 management systems in developing countries to ad-
17 vance the ability of such countries to manage public
18 revenues and donor funds aimed at combating HIV/
19 AIDS and other diseases.

20 “(52) The HIV/AIDS pandemic contributes to
21 the shortage of health care personnel through loss of
22 life and illness, unsafe working conditions, increased
23 workloads for diminished staff, and resulting stress
24 and burnout, while the shortage of health care per-

1 sonnel undermines efforts to prevent and provide
2 care and treatment for individuals with HIV/AIDS.

3 “(53) The shortage of health care personnel, in-
4 cluding doctors, nurses, pharmacists, counselors, lab-
5 oratory staff, paraprofessionals, trained lay workers,
6 and researchers is one of the leading obstacles to
7 combating HIV/AIDS in sub-Saharan Africa.

8 “(54) Since 2003, important progress has been
9 made in combating HIV/AIDS, yet there is more to
10 be done. The number of new HIV infections is still
11 increasing at an alarming rate. According to the
12 United States National Institute of Allergy and In-
13 fectious Diseases, globally, for every 1 individual put
14 on antiretroviral therapy, 6 individuals are newly in-
15 fected with HIV.

16 “(55) The United States Government continues
17 to be the world’s leader in the fight against HIV/
18 AIDS and the unsurpassed partner with developing
19 countries in their efforts to control this disease.

20 “(56) By September 2007, the United States,
21 through the United States Leadership Against HIV/
22 AIDS, Tuberculosis, and Malaria Act of 2003 (22
23 U.S.C. 7601 et seq.), had provided services to pre-
24 vent mother-to-child-transmission of HIV to women
25 during 10 million pregnancies; provided

1 antiretroviral prophylaxis for women during over
2 827,300 pregnancies; prevented an estimated
3 157,240 HIV infections in infants; cared for over
4 6.6 million individuals, including over 2.7 million or-
5 phans and vulnerable children; supported lifesaving
6 antiretroviral therapies for approximately 1.4 million
7 men, women, and children in sub-Saharan Africa,
8 Asia, and the Carribean; and provided counseling
9 and testing to over 33.7 million men, women, and
10 children in developing countries.

11 “(57) These numbers were achieved because of
12 the commitment of substantial resources and sup-
13 port of the United States Government to our part-
14 ners on the front lines—the dedicated and com-
15 mitted women and men, communities, and nations
16 who are taking control of the HIV/AIDS epidemics
17 in their own countries.”.

18 **SEC. 3. DEFINITIONS.**

19 Section 3(2) of the United States Leadership Against
20 HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22
21 U.S.C. 7602(2)) is amended by striking “Committee on
22 International Relations” and inserting “Committee on
23 Foreign Affairs”.

1 **SEC. 4. PURPOSE.**

2 Section 4 of the United States Leadership Against
3 HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22
4 U.S.C. 7603) is amended to read as follows:

5 **“SEC. 4. PURPOSE.**

6 “The purpose of this Act is to strengthen and en-
7 hance United States global leadership and the effective-
8 ness of the United States response to the HIV/AIDS, tu-
9 berculosis, and malaria pandemics and other related and
10 preventable infectious diseases in developing countries
11 by—

12 “(1) establishing a comprehensive, integrated
13 five-year, global strategy to fight HIV/AIDS, tuber-
14 culosis, and malaria that encompasses a plan for
15 continued expansion and coordination of critical pro-
16 grams and improved coordination among relevant
17 executive branch agencies and between the United
18 States and foreign governments and international
19 organizations;

20 “(2) providing increased resources for United
21 States bilateral efforts to combat HIV/AIDS, tuber-
22 culosis, and malaria, particularly for prevention,
23 treatment, and care (including nutritional support),
24 technical assistance and training, the strengthening
25 of health care systems, health care workforce devel-

opment, monitoring and evaluations systems, and
operations research;

“(3) providing increased resources for multilateral efforts to combat HIV/AIDS, tuberculosis, and malaria;

“(4) encouraging the expansion of private sector efforts and expanding public-private sector partnerships to combat HIV/AIDS; and

“(5) intensifying efforts to support the development of vaccines, microbicides, and other prevention technologies and improved diagnostics treatment for HIV/AIDS, tuberculosis, and malaria.”.

TITLE I—POLICY PLANNING AND COORDINATION

SEC. 101. DEVELOPMENT OF A COMPREHENSIVE, FIVE-YEAR, GLOBAL STRATEGY.

(a) STRATEGY.—Subsection (a) of section 101 of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7611) is amended—

(1) in the first sentence of the matter preceding paragraph (1), by striking “to combat” and inserting “to develop efforts further to combat”;

(2) by amending paragraph (4) to read as follows:

1 “(4) provide that the reduction of HIV/AIDS
2 behavioral risks shall be a priority of all prevention
3 efforts in terms of funding, scientifically-accurate
4 educational services, and activities by—

5 “(A) designing prevention strategies and
6 programs based on sound epidemiological evi-
7 dence, tailored to the unique needs of each
8 country and community, and reaching those
9 populations found to be most at risk for acquir-
10 ing HIV infection;

11 “(B) promoting abstinence from sexual ac-
12 tivity and substance abuse;

13 “(C) encouraging delay of sexual debut,
14 monogamy, fidelity, and partner reduction;

15 “(D) promoting the effective use of male
16 and female condoms;

17 “(E) promoting the use of measures to re-
18 duce the risk of HIV transmission for discord-
19 ant couples (where one individual has HIV/
20 AIDS and the other individual does not have
21 HIV/AIDS or whose status is unknown);

22 “(F) educating men and boys about the
23 risks of procuring sex commercially and about
24 the need to end violent behavior toward women
25 and girls;

1 “(G) promoting the rapid expansion of safe
2 and voluntary male circumcision services;

3 “(H) promoting life skills training and de-
4 velopment for children and youth;

5 “(I) supporting advocacy for child and
6 youth community-based protective social serv-
7 ices;

8 “(J) eradicating trafficking in persons and
9 creating alternatives to prostitution;

10 “(K) promoting cooperation with law en-
11 forcement to prosecute offenders of trafficking,
12 rape, and sexual assault crimes with the goal of
13 eliminating such crimes;

14 “(L) promoting services demonstrated to
15 be effective in reducing the transmission of HIV
16 infection among injection drug users without in-
17 creasing illicit drug use;

18 “(M) promoting policies and programs to
19 end the sexual exploitation of and violence
20 against women and children; and

21 “(N) promoting prevention and treatment
22 services for men who have sex with men;”;

23 (3) by redesignating paragraphs (5) through
24 (10) as paragraphs (6) through (11), respectively;

1 (4) by inserting after paragraph (4) (as amend-
2 ed by paragraph (2) of this subsection) the fol-
3 lowing:

4 “(5) include specific plans for linkage to, and
5 referral systems for nongovernmental organizations
6 that implement multisectoral approaches, including
7 faith-based and community-based organizations,
8 for—

9 “(A) nutrition and food support for indi-
10 viduals with HIV/AIDS and affected commu-
11 nities;

12 “(B) child health services and development
13 programs;

14 “(C) HIV/AIDS prevention and treatment
15 services for injection drug users;

16 “(D) access to HIV/AIDS education and
17 testing in family planning and maternal health
18 programs supported by the United States Gov-
19 ernment; and

20 “(E) medical, social, and legal services for
21 victims of violence;”;

22 (5) by redesignating paragraphs (10) and (11)
23 (as redesignated by paragraph (3) of this sub-
24 section) as paragraphs (11) and (12), respectively;
25 and

1 (6) by inserting after paragraph (9) (as redesign-
2 nated by paragraph (3) of this subsection) the fol-
3 lowing:

4 “(10) maximize host country capacities in train-
5 ing and research, particularly operations research;”.

6 (b) REPORT.—Subsection (b) of such section is
7 amended—

8 (1) in paragraph (1), by striking “this Act” and
9 inserting “the Tom Lantos and Henry J. Hyde
10 Global Leadership Against HIV/AIDS, Tuberculosis,
11 and Malaria Reauthorization Act of 2008”; and

12 (2) in paragraph (3)—

13 (A) by amending subparagraph (C) to read
14 as follows:

15 “(C) A description of the manner in which
16 the strategy will address the following:

17 “(i) The fundamental elements of pre-
18 vention and education, care and treatment,
19 including increasing access to pharma-
20 ceuticals, vaccines, and microbicides, as
21 they become available, screening, prophylaxis,
22 and treatment of major opportunistic
23 infections, including tuberculosis, and in-
24 creasing access to nutrition and food for
25 individuals on antiretroviral therapies.

1 “(ii) The promotion of delay of sexual
2 debut, abstinence, monogamy, fidelity, and
3 partner reduction.

4 “(iii) The promotion of correct and
5 consistent use of male and female condoms
6 and other strategies and skills development
7 to reduce the risk of HIV transmission.

8 “(iv) Increasing voluntary access to
9 safe male circumcision services.

10 “(v) Life-skills training.

11 “(vi) The provision of information and
12 services to encourage young people to delay
13 sexual debut and ensure access to HIV/
14 AIDS prevention information and services.

15 “(vii) Prevention of sexual violence
16 leading to transmission of HIV and assist-
17 ance for victims of violence who are at risk
18 of HIV transmission.

19 “(viii) HIV/AIDS prevention, care,
20 and treatment services for injection drug
21 users.

22 “(ix) Research, including incentives
23 for HIV vaccine development and new pro-
24 tocols.

1 “(x) Advocacy for community-based
2 child and youth protective services.

3 “(xi) Training of health care workers.

4 “(xii) The development of health care
5 infrastructure and delivery systems.

6 “(xiii) Prevention efforts for sub-
7 stance abusers.

8 “(xiv) Prevention, treatment, care,
9 and outreach efforts for men who have sex
10 with men.”;

11 (B) in subparagraph (D), by adding at the
12 end before the period the following: “, including
13 through faith-based and other nongovernmental
14 organizations”;

15 (C) in subparagraph (E), by inserting “ac-
16 cess to HIV/AIDS education and testing in
17 family planning and maternal and child health
18 programs supported by the United States Gov-
19 ernment and” after “the unique needs of
20 women, including”;

21 (D) in subparagraph (F), by inserting
22 “(including by accessing voluntary clinical cir-
23 cumcision services)” after “in their sexual be-
24 havior”;

1 (E) in subparagraph (G), by inserting
2 “and men’s” after “women’s”;

3 (F) by redesignating subparagraphs (M)
4 through (W) as subparagraphs (N) through
5 (X);

6 (G) by inserting after subparagraph (L)
7 the following:

8 “(M) A description of efforts to be under-
9 taken to strengthen the public finance manage-
10 ment systems of selected host countries to en-
11 sure transparent, efficient, and effective man-
12 agement of national and donor financial invest-
13 ments in health.”;

14 (H) in subparagraph (O) (as redesignated
15 by subparagraph (F) of this paragraph), by
16 striking “evaluating programs,” and inserting
17 “evaluating programs to ensure medical accu-
18 racy, operations research,”;

19 (I) in subparagraph (Q) (as redesignated
20 by subparagraph (F) of this paragraph), by in-
21 serting “, strengthen national health care deliv-
22 ery systems, and increase national health work-
23 force capacities,” after “HIV/AIDS pandemic”;

24 (J) in subparagraph (R) (as redesignated
25 by subparagraph (F) of this paragraph), by in-

serting at the end before the period the following: “, including strategies relating to agricultural development, trade and economic growth, and education”;

(K) in subparagraph (T) (as redesignated by subparagraph (F) of this paragraph), by inserting “efforts of intergenerational caregivers and” after “, including”;

(L) by redesignating subparagraphs (V) through (X) (as redesignated by subparagraph (F) of this paragraph), as subparagraphs (W) through (Y), respectively;

(M) by inserting after subparagraph (U) (as redesignated by subparagraph (F) of this paragraph) the following:

“(V) A plan to strengthen and implement health care workforce strategies to enable countries to increase the supply and retention of all cadres of trained professional and paraprofessional health care workers by numbers that move toward global health program needs and toward targets established by the World Health Organization, while enabling health systems to expand coverage consistent with national and international targets and goals.”; and

(N) by striking subparagraph (Y) (as redesignated by subparagraphs (F) and (L) of this paragraph) and inserting the following:

“(Y) A description of the specific strategies, developed in coordination with existing health programs, to prevent mother-to-child transmission of HIV, including the extent to which HIV-positive women and men in treatment, care, and support programs and HIV-negative women and men are counseled about methods of preventing HIV transmission and the extent to which HIV prevention methods are provided on-site or by referral in treatment, care, and support programs.

“(Z) A description of the specific strategies developed to maximize the capacity of health care providers, including faith-based and other nongovernmental organizations, and family planning providers supported by the United States Government to ensure access to necessary and comprehensive information about reducing sexual transmission of HIV among women, men, and young people, including strategies to ensure HIV/AIDS prevention training for such providers.

1 “(AA) A strategy to work with inter-
2 national and host country partners toward uni-
3 versal access to HIV/AIDS prevention, treat-
4 ment, and care programs.”.

5 (c) STRATEGIC PLAN FOR PROGRAM MONITORING,
6 OPERATIONS RESEARCH, AND IMPACT EVALUATION RE-
7 SEARCH.—

8 (1) IN GENERAL.—Not later than 1 year after
9 the date of the enactment of this Act, the Coordi-
10 nator of United States Government Activities to
11 Combat HIV/AIDS Globally shall develop a 5-year
12 strategic plan for program monitoring, operations
13 research, and impact evaluation research of United
14 States HIV/AIDS, tuberculosis, and malaria pro-
15 grams.

16 (2) ELEMENTS OF PLAN.—The strategic plan
17 developed under this subsection shall include—

18 (A) the amount of funding provided for
19 program monitoring, operations research, and
20 impact evaluation research under sections
21 104A, 104B, and 104C of the Foreign Assist-
22 ance Act of 1961 (22 U.S.C. 2151b–2, 2151b–
23 3, and 2151b–4) and the United States Leader-
24 ship Against HIV/AIDS, Tuberculosis, and Ma-

1 laria Act of 2003 (22 U.S.C. 7601 et seq.)
2 available through fiscal year 2009;

3 (B) strategies to—

4 (i) improve the efficiency, effective-
5 ness, quality, and accessibility of services
6 provided under the provisions of law de-
7 scribed in subparagraph (A);

8 (ii) establish the cost-effectiveness of
9 program models;

10 (iii) ensure the transparency and ac-
11 countability of services provided under the
12 provisions of law described in subpara-
13 graph (A);

14 (iv) disseminate and promote the utili-
15 zation of evaluation findings, lessons, and
16 best practices in services provided under
17 the provisions of law described in subpara-
18 graph (A); and

19 (v) encourage and evaluate innovative
20 service models and strategies to optimize
21 the delivery of care, treatment, and preven-
22 tion programs financed by the United
23 States Government;

24 (C) priorities for program monitoring, op-
25 erations research, and impact evaluation re-

1 search and a time line for completion of activi-
2 ties associated with such priorities; and

3 (D) other information that the Coordinator
4 determines to be necessary.

5 (3) CONSULTATION.—In developing the stra-
6 tegic plan under this subsection and implementing,
7 disseminating, and promoting the use of program
8 monitoring, operations research, and impact evalua-
9 tion research, the Coordinator shall consult with rep-
10 resentatives of relevant executive branch agencies,
11 other appropriate executive branch agencies, multi-
12 lateral institutions involved in providing HIV/AIDS
13 assistance, nongovernmental organizations involved
14 in implementing HIV/AIDS programs, and the gov-
15 ernments of host countries.

16 (4) DEFINITIONS.—In this subsection—

17 (A) the terms “program monitoring”, “op-
18 erations research”, and “impact evaluation re-
19 search”, have the meanings given such terms in
20 section 104A(d)(4)(B) of the Foreign Assist-
21 ance Act of 1961 (as added by section
22 301(a)(4)(C) of this Act); and

23 (B) the term “relevant executive branch
24 agencies” has the meaning given the term in
25 section 3 of the United States Leadership

1 Against HIV/AIDS, Tuberculosis, and Malaria
2 Act of 2003 (22 U.S.C. 7602).

3 **SEC. 102. HIV/AIDS RESPONSE COORDINATOR.**

4 Section 1(f)(2) of the State Department Basic Au-
5 thorities Act of 1956 (22 U.S.C. 2651a(f)(2)) is amend-
6 ed—

7 (1) in subparagraph (A)—

8 (A) in the matter preceding clause (i), by
9 inserting “, host country finance, health, and
10 other relevant ministries” after “community-
11 based organizations”;

12 (B) in clause (iii), by inserting “and host
13 country finance, health, and other relevant min-
14 istries” after “community-based organiza-
15 tions)”;

16 (2) in subparagraph (B)(ii)—

17 (A) by striking subclauses (IV) and (V)
18 and inserting the following:

19 “(IV) Establishing an inter-
20 agency working group on HIV/AIDS
21 that is comprised of, but not limited
22 to, representatives from the United
23 States Agency for International Devel-
24 opment, the Department of Health
25 and Human Services (including the

1 Centers for Disease Control and Pre-
2 vention, the National Institutes of
3 Health, and the Health Resources and
4 Services Administration), the Depart-
5 ment of Labor, the Department of
6 Agriculture, the Millennium Challenge
7 Corporation, the Department of De-
8 fense, and the Office of the Coordi-
9 nator of United States Government
10 Activities to Combat Malaria Globally,
11 for the purposes of coordination of ac-
12 tivities relating to HIV/AIDS. The
13 interagency working group shall—

14 “(aa) meet regularly to re-
15 view progress in host countries
16 toward HIV/AIDS prevention,
17 treatment, and care objectives;

18 “(bb) participate in the
19 process of identifying countries in
20 need of increased assistance
21 based on the epidemiology of
22 HIV/AIDS in those countries;
23 and

24 “(cc) review policies that
25 may be obstacles to reaching ob-

1 jectives set forth for HIV/AIDS
2 prevention, treatment, and care.

3 “(V) Coordinating overall United
4 States HIV/AIDS policy and pro-
5 grams with efforts led by host coun-
6 tries and with the assistance provided
7 by other relevant bilateral and multi-
8 lateral aid agencies and other donor
9 institutions to achieve
10 complementarity with other programs
11 aimed at improving child and mater-
12 nal health, and food security, pro-
13 moting education, and strengthening
14 health care systems.”;

15 (B) by redesignating subclauses (VII) and
16 (VIII) as subclauses (IX) and (X), respectively;

17 (C) by inserting after subclause (VI) the
18 following:

19 “(VII) Holding annual consulta-
20 tions with host country nongovern-
21 mental organizations providing serv-
22 ices to improve health, and advocating
23 on behalf of the individuals with HIV/
24 AIDS and those at particular risk of
25 contracting HIV/AIDS.

1 “(VIII) Ensuring, through inter-
2 agency and international coordination,
3 that United States HIV/AIDS pro-
4 grams are coordinated with and com-
5plementary to the delivery of related
6 global health, food security, and edu-
7 cation services, including—

8 “(aa) maternal and child
9 health care;

10 “(bb) services for other ne-
11glected and easily preventable
12 and treatable infectious diseases,
13 such as tuberculosis;

14 “(cc) treatment and care
15 services for injection drug users;
16 and

17 “(dd) programs and services
18 to improve legal, social, and eco-
19 nomic status of women and
20 girls.”;

21 (D) in subclause (IX) (as redesignated by
22 subparagraph (B) of this paragraph)—

23 (i) by inserting “Vietnam, Antigua
24 and Barbuda, the Bahamas, Barbados,
25 Belize, Dominica, Grenada, Jamaica,

1 Montserrat, Saint Kitts and Nevis, Saint
2 Vincent and the Grenadines, Saint Lucia,
3 Suriname, Trinidad and Tobago, the Do-
4 minican Republic” after “Zambia,”;

5 (ii) by adding at the end before the
6 period the following: “and other countries
7 in which the United States is implementing
8 HIV/AIDS programs”; and

9 (iii) by adding at the end the fol-
10 lowing: “In designating countries under
11 this subclause, the President shall give pri-
12 ority to those countries in which there is a
13 high prevalence of HIV/AIDS and coun-
14 tries with large populations that have a
15 concentrated HIV/AIDS epidemic.”;

16 (E) by redesignating subclause (X) (as re-
17 designated by subparagraph (B) of this para-
18 graph) as subclause (XII);

19 (F) by inserting after subclause (IX) (as
20 redesignated by subparagraph (B) and amended
21 by subparagraph (D) of this paragraph) the fol-
22 lowing:

23 “(X) Working, in partnership with
24 host countries in which the HIV/AIDS epi-
25 demic is prevalent among injection drug

1 users, to establish, as a national priority,
2 national HIV/AIDS prevention programs,
3 including education, and services dem-
4 onstrated to be effective in reducing the
5 transmission of HIV infection among injec-
6 tion drug users without increasing drug
7 use.

8 “(XI) Working, in partnership with
9 host countries in which the HIV/AIDS epi-
10 demic is prevalent among individuals in-
11 volved in commercial sex acts, to establish,
12 as a national priority, national prevention
13 programs, including education, voluntary
14 testing, and counseling, and referral sys-
15 tems that link HIV/AIDS programs with
16 programs to eradicate trafficking in per-
17 sons and create alternatives to prostitu-
18 tion.”;

19 (G) in subclause (XII) (as redesignated by
20 subparagraphs (B) and (E) of this paragraph),
21 by striking “funds section” and inserting
22 “funds appropriated pursuant to the authoriza-
23 tion of appropriations under section 401 of the
24 United States Leadership Against HIV/AIDS,

1 Tuberculosis, and Malaria Act of 2003 for HIV/
2 AIDS assistance”; and

3 (H) by adding at the end the following:

4 “(XIII) Publicizing updated drug
5 pricing data to inform pharmaceutical
6 procurement partners’ purchasing de-
7 cisions.

8 “(XIV) Working in partnership
9 with host countries in which the HIV/
10 AIDS epidemic is prevalent among
11 men who have sex with men, to estab-
12 lish, as a national priority, national
13 HIV/AIDS prevention programs, in-
14 cluding education and services dem-
15 onstrated to be effective in reducing
16 the transmission of HIV among men
17 who have sex with men.”.

1 **TITLE II—SUPPORT FOR MULTI-**
 2 **LATERAL FUNDS, PROGRAMS,**
 3 **AND PUBLIC-PRIVATE PART-**
 4 **NERSHIPS**

5 **SEC. 201. SENSE OF CONGRESS ON PUBLIC-PRIVATE PART-**
 6 **NERSHIPS.**

7 Section 201(a) of the United States Leadership
 8 Against HIV/AIDS, Tuberculosis, and Malaria Act of
 9 2003 (22 U.S.C. 7621(a)) is amended—

10 (1) in paragraph (2), by striking “infectious
 11 diseases” and inserting “easily preventable and
 12 treatable infectious diseases”; and

13 (2) in paragraph (4), by striking “infectious
 14 diseases” and inserting “easily preventable and
 15 treatable infectious diseases”.

16 **SEC. 202. PARTICIPATION IN THE GLOBAL FUND TO FIGHT**
 17 **AIDS, TUBERCULOSIS AND MALARIA.**

18 (a) FINDINGS.—Subsection (a) of section 202 of the
 19 United States Leadership Against HIV/AIDS, Tuber-
 20 culosis, and Malaria Act of 2003 (22 U.S.C. 7622) is
 21 amended—

22 (1) by redesignating paragraphs (1) through
 23 (3) as paragraphs (7) through (9), respectively; and

1 (2) by inserting before paragraph (7) (as redes-
2 ignated by paragraph (1) of this subsection) the fol-
3 lowing:

4 “(1) The Global Fund to Fight AIDS, Tuber-
5 culosis and Malaria is the multilateral component of
6 this Act, extending United States efforts to a total
7 of 136 countries around the world.

8 “(2) Created in 2002, the Global Fund has
9 played a leading role in the fight against HIV/AIDS,
10 tuberculosis, and malaria around the world and has
11 grown into an organization that currently provides
12 nearly a quarter of all international financing to
13 combat HIV/AIDS and two-thirds of all inter-
14 national financing to combat tuberculosis and ma-
15 laria.

16 “(3) By 2010, it is estimated that the demand
17 for funding by the Global Fund will grow in size to
18 between \$6 and \$8 billion annually, requiring signifi-
19 cant contributions from donors around the world, in-
20 cluding at least \$2 billion annually from the United
21 States.

22 “(4) The Global Fund is an innovative financ-
23 ing mechanism to combat HIV/AIDS, tuberculosis,
24 and malaria, and has made progress in many areas.

1 “(5) The United States Government is the larg-
 2 est supporter of the Global Fund, both in terms of
 3 resources and technical support.

4 “(6) The United States made the initial con-
 5 tribution to the Global Fund and is fully committed
 6 to its success.”.

7 (b) UNITED STATES FINANCIAL PARTICIPATION.—

8 (1) AUTHORIZATION OF APPROPRIATIONS.—

9 Subsection (d)(1) of such section is amended—

10 (A) by striking “\$1,000,000,000” and in-
 11 serting “\$2,000,000,000”;

12 (B) by striking “for the period of fiscal
 13 year 2004 beginning on January 1, 2004,” and
 14 inserting “for each of the fiscal years 2009 and
 15 2010,”; and

16 (C) by striking “the fiscal years 2005–
 17 2008” and inserting “each of the fiscal years
 18 2011 through 2013”.

19 (2) LIMITATION.—Subsection (d)(4) of such
 20 section is amended—

21 (A) in subparagraph (A)—

22 (i) in clause (i), by striking “fiscal
 23 years 2004 through 2008” and inserting
 24 “fiscal years 2009 through 2013”;

1 (ii) in clause (ii), by striking “fiscal
2 years 2004 through 2008” and inserting
3 “fiscal years 2009 through 2013”; and

4 (iii) in clause (vi)—

5 (I) by striking “for the purposes”
6 and inserting “For the purposes”;

7 (II) by striking “fiscal years
8 2004 through 2008” and inserting
9 “fiscal years 2009 through 2013”;

10 and

11 (III) by striking “fiscal year
12 2004” and inserting “fiscal year
13 2009”;

14 (B) in subparagraph (B)(iv)—

15 (i) by striking “fiscal years 2004
16 through 2008” and inserting “fiscal years
17 2009 through 2013”; and

18 (ii) by adding at the end before the
19 period the following: “, unless such amount
20 is made available for more than one fiscal
21 year, in which case such amount is author-
22 ized to be made available for such purposes
23 after December 31 of the fiscal year fol-
24 lowing the fiscal year in which such funds
25 first became available.”; and

1 (C) in subparagraph (C)(ii) by striking
2 “Committee on International Relations” and in-
3 serting “Committee on Foreign Affairs”.

4 (3) STATEMENT OF POLICY.—The following
5 shall be the policy of the United States:

6 (A) Support for the Global Fund to Fight
7 AIDS, Tuberculosis and Malaria should be
8 based upon achievement of the following bench-
9 marks related to transparency and account-
10 ability:

11 (i) As recommended by the Govern-
12 ment Accountability Office, the Fund Sec-
13 retariat has established standardized ex-
14 pectations for the performance of Local
15 Fund Agents (LFAs), is undertaking a
16 systematic assessment of the performance
17 of LFAs, and is making available for pub-
18 lic review, according to the Fund Board’s
19 policies and practices on disclosure of in-
20 formation, a regular collection and analysis
21 of performance data of Fund grants, which
22 shall cover both Principal Recipients and
23 sub-recipients.

24 (ii) A well-staffed, independent Office
25 of the Inspector General reports directly to

1 the Board and is responsible for regular,
2 publicly published audits of both financial
3 and programmatic and reporting aspects of
4 the Fund, its grantees, and LFAs.

5 (iii) The Fund Secretariat has estab-
6 lished and is reporting publicly on stand-
7 ard indicators for all program areas.

8 (iv) The Fund Secretariat has estab-
9 lished a database that tracks all subrecipi-
10 ents and the amounts of funds disbursed
11 to each, as well as the distribution of re-
12 sources, by grant and Principal Recipient,
13 for prevention, care, treatment, the pur-
14 chases of drugs and commodities, and
15 other purposes.

16 (v) The Fund Board has established a
17 penalty to offset tariffs imposed by na-
18 tional governments on all goods and serv-
19 ices provided by the Fund.

20 (vi) The Fund Board has successfully
21 terminated its Administrative Services
22 Agreement with the World Health Organi-
23 zation and completed the Fund Secretar-
24 iat's transition to a fully independent sta-
25 tus under the Headquarters Agreement the

1 Fund has established with the Government
2 of Switzerland.

3 (B) Support for the Global Fund to Fight
4 AIDS, Tuberculosis and Malaria should be
5 based upon achievement of the following bench-
6 marks related to the founding principles of the
7 Fund:

8 (i) The Fund must maintain its status
9 as a financing institution.

10 (ii) The Fund must remain focused on
11 programs directly related to HIV/AIDS,
12 malaria, and tuberculosis.

13 (iii) The Fund must maintain its
14 Comprehensive Funding Policy, which re-
15 quires confirmed pledges to cover the full
16 amount of new grants before the Board
17 approves them.

18 (iv) The Fund must maintain and
19 make progress on sustaining its multise-
20 toral approach, through Country Coordi-
21 nating Mechanisms (CCMs) and in the im-
22 plementation of grants, as reflected in per-
23 cent and resources allocated to different
24 sectors, including governments, civil soci-

1 ety, and faith- and community-based orga-
 2 nizations.

3 (4) SENSE OF CONGRESS.—Congress—

4 (A) notes that section 625 of Public Law
 5 110–161 establishes a requirement to withhold
 6 20 percent of funds appropriated for the Global
 7 Fund if the Global Fund fails to meet certain
 8 benchmarks; and

9 (B) will continue to review the implementa-
 10 tion of the benchmarks to ensure accountability
 11 and transparency of the Global Fund.

12 **SEC. 203. VOLUNTARY CONTRIBUTIONS TO INTER-**
 13 **NATIONAL VACCINE FUNDS.**

14 (a) VACCINE FUND.—Subsection (k) of section 302
 15 of the Foreign Assistance Act of 1961 (22 U.S.C. 2222)
 16 is amended by striking “fiscal years 2004 through 2008”
 17 and inserting “fiscal years 2009 through 2013”.

18 (b) INTERNATIONAL AIDS VACCINE INITIATIVE.—
 19 Subsection (l) of such section is amended by striking “fis-
 20 cal years 2004 through 2008” and inserting “fiscal years
 21 2009 through 2013”.

22 (c) MALARIA VACCINE DEVELOPMENT PROGRAMS.—
 23 Subsection (m) of such section is amended by striking
 24 “fiscal years 2004 through 2008” and inserting “fiscal
 25 years 2009 through 2013”.

1 (d) RESEARCH AND DEVELOPMENT OF A TUBER-
2 CULOSIS VACCINE.—Such section is further amended by
3 adding at the end the following:

4 “(n) In addition to amounts otherwise available under
5 this section, there are authorized to be appropriated to
6 the President such sums as may be necessary for each of
7 the fiscal years 2009 through 2013 to be available for
8 United States contributions to research and development
9 of a tuberculosis vaccine.”.

10 **SEC. 204. PROGRAM TO FACILITATE AVAILABILITY OF**
11 **MICROBICIDES TO PREVENT TRANSMISSION**
12 **OF HIV AND OTHER DISEASES.**

13 (a) STATEMENT OF POLICY.—Congress recognizes
14 the need and urgency to expand the range of interventions
15 for preventing the transmission of human immuno-
16 deficiency virus (HIV), including nonvaccine prevention
17 methods that can be controlled by women.

18 (b) PROGRAM AUTHORIZED.—The Administrator of
19 the United States Agency for International Development,
20 in coordination with the Coordinator of United States
21 Government Activities to Combat HIV/AIDS Globally,
22 shall develop and implement a program to facilitate wide-
23 scale availability of microbicides that prevent the trans-
24 mission of HIV after such microbicides are proven safe
25 and effective.

1 (c) AUTHORIZATION OF APPROPRIATIONS.—Of the
 2 amounts authorized to be appropriated under section 401
 3 of the United States Leadership Against HIV/AIDS, Tu-
 4 berculosis, and Malaria Act of 2003 (22 U.S.C. 7671) for
 5 HIV/AIDS assistance, there are authorized to be appro-
 6 priated to the President such sums as may be necessary
 7 for each of the fiscal years 2009 through 2013 to carry
 8 out this section.

9 **SEC. 205. PLAN TO COMBAT HIV/AIDS, TUBERCULOSIS, AND**
 10 **MALARIA BY STRENGTHENING HEALTH POLI-**
 11 **CIES AND HEALTH SYSTEMS OF HOST COUN-**
 12 **TRIES.**

13 (a) IN GENERAL.—Title II of the United States
 14 Leadership Against HIV/AIDS, Tuberculosis, and Malaria
 15 Act of 2003 (22 U.S.C. 7621 et seq.) is amended by add-
 16 ing at the end the following:

17 **“SEC. 204. PLAN TO COMBAT HIV/AIDS, TUBERCULOSIS,**
 18 **AND MALARIA BY STRENGTHENING HEALTH**
 19 **POLICIES AND HEALTH SYSTEMS OF HOST**
 20 **COUNTRIES.**

21 “(a) FINDINGS.—Congress makes the following find-
 22 ings:

23 “(1) One of the most significant barriers to
 24 achieving universal access to HIV/AIDS treatment
 25 and prevention in developing countries is the lack of

1 health infrastructure, particularly in sub-Saharan
2 Africa.

3 “(2) In addition to HIV/AIDS programs, other
4 treatable and preventable infectious diseases could
5 be treated concurrently and easily if health care de-
6 livery systems in developing countries were signifi-
7 cantly improved.

8 “(3) More public investment in basic primary
9 health care should be a priority in public spending
10 in developing countries.

11 “(b) STATEMENT OF POLICY.—It shall be the policy
12 of the United States Government—

13 “(1) to invest appropriate resources authorized
14 under this Act and the amendments made by this
15 Act to carry out activities to strengthen HIV/AIDS
16 health policies and health systems and provide work-
17 force training and capacity-building consistent with
18 the goals and objectives of this Act and the amend-
19 ments made by this Act; and

20 “(2) to support the development of a sound pol-
21 icy environment in host countries to increase the
22 ability of such countries to maximize utilization of
23 health care resources from donor countries, deliver
24 services to the people of such host countries in an
25 effective and efficient manner, and reduce barriers

1 that prevent recipients of services from achieving
2 maximum benefit from such services.

3 “(c) PLAN REQUIRED.—The Coordinator of United
4 States Government Activities to Combat HIV/AIDS Glob-
5 ally, in collaboration with the Administrator of the United
6 States Agency for International Development, shall de-
7 velop and implement a plan to combat HIV/AIDS by
8 strengthening health policies and health systems of host
9 countries as part of the United States Agency for Inter-
10 national Development’s ‘Health Systems 2020’ project.

11 “(d) ASSISTANCE TO IMPROVE PUBLIC FINANCE
12 MANAGEMENT SYSTEMS.—

13 “(1) IN GENERAL.—The Secretary of the
14 Treasury, acting through the head of the Office of
15 Technical Assistance, is authorized to provide assist-
16 ance for advisors and host country finance, health,
17 and other relevant ministries to improve the effec-
18 tiveness of public finance management systems in
19 host countries to enable such countries to receive
20 funding to carry out programs to combat HIV/
21 AIDS, tuberculosis, and malaria and to manage
22 such programs.

23 “(2) AUTHORIZATION OF APPROPRIATIONS.—Of
24 the amounts authorized to be appropriated under
25 section 401 for HIV/AIDS assistance, there are au-

1 thorized to be appropriated to the Secretary of the
 2 Treasury such sums as may be necessary for each
 3 of the fiscal years 2009 through 2013 to carry out
 4 this subsection.”.

5 (b) CLERICAL AMENDMENT.—The table of contents
 6 for the United States Leadership Against HIV/AIDS, Tu-
 7 berculosis, and Malaria Act of 2003 (22 U.S.C. 7601 note)
 8 is amended by inserting after the item relating to section
 9 203 the following:

 “Sec. 204. Plan to combat HIV/AIDS by strengthening health policies and
 health systems of host countries.”.

10 **TITLE III—BILATERAL EFFORTS**
 11 **Subtitle A—General Assistance and**
 12 **Programs**

13 **SEC. 301. ASSISTANCE TO COMBAT HIV/AIDS.**

14 (a) AMENDMENTS TO THE FOREIGN ASSISTANCE
 15 ACT OF 1961.—

16 (1) FINDING.—Subsection (a) of section 104A
 17 of the Foreign Assistance Act of 1961 (22 U.S.C.
 18 2151b–2) is amended by inserting “, South and
 19 Southeast Asia, Central and Eastern Europe” after
 20 “the Caribbean”.

21 (2) POLICY.—Subsection (b) of such section is
 22 amended—

23 (A) in the first sentence—

1 (i) by striking “It is a major” and in-
2 serting the following:

3 “(1) GENERAL POLICY.—It is a major”;

4 (ii) by striking “control” and insert-
5 ing “care”; and

6 (iii) by adding at the end before the
7 period the following: “and to fulfill United
8 States commitments to move toward the
9 goal of universal access to prevention,
10 treatment, and care of HIV/AIDS”;

11 (B) by adding at the end the following:

12 “The United States and other developed coun-
13 tries should provide assistance for the preven-
14 tion, treatment, and care of HIV/AIDS to coun-
15 tries in sub-Saharan Africa, the Caribbean,
16 South and Southeast Asia and Central and
17 Eastern Europe, addressing both generalized
18 epidemics and epidemics concentrated among
19 populations at high risk of infection.”; and

20 (C) by further adding at the end the fol-
21 lowing:

22 “(2) SPECIFIC POLICY.—It is therefore the pol-
23 icy of the United States, by 2013, to—

24 “(A) prevent 12,000,000 new HIV infec-
25 tions worldwide;

1 “(B) support treatment of at least
2 3,000,000 individuals with HIV/AIDS with the
3 goal of treating 450,000 children;

4 “(C) provide care for 12,000,000 individ-
5 uals affected by HIV/AIDS, including
6 5,000,000 orphans and vulnerable children in
7 communities affected by HIV/AIDS, including
8 orphans with HIV/AIDS; and

9 “(D) train at least 140,000 new health
10 care professionals and workers for HIV/AIDS
11 prevention, treatment and care.”.

12 (3) AUTHORIZATION.—Subsection (c) of such
13 section is amended—

14 (A) in paragraph (1)—

15 (i) by inserting “, South and South-
16 east Asia, Central and Eastern Europe”
17 after “the Caribbean”; and

18 (ii) by adding at the end before the
19 period the following: “, and particularly
20 with respect to refugee populations in such
21 countries and areas”;

22 (B) in paragraph (2)—

23 (i) by inserting “, South and South-
24 east Asia, Central and Eastern Europe”
25 after “the Caribbean”; and

1 (ii) by adding at the end before the
2 period the following: “, and particularly
3 with respect to refugee populations in such
4 countries and areas”;

5 (C) by redesignating paragraph (3) as
6 paragraph (4);

7 (D) by inserting after paragraph (2) the
8 following:

9 “(3) ROLE OF PUBLIC HEALTH CARE DELIVERY
10 SYSTEMS.—It is the sense of Congress that—

11 “(A) the President should provide an ap-
12 propriate level of assistance under paragraph
13 (1) to help strengthen public health care deliv-
14 ery systems financed by host countries; and

15 “(B) the President, acting through the Co-
16 ordinator of United States Government Activi-
17 ties to Combat HIV/AIDS Globally, should sup-
18 port the development of a policy framework in
19 such host countries for the long-term sustain-
20 ability of HIV/AIDS prevention, treatment, and
21 care programs, and for strengthening health
22 care delivery systems and increasing health
23 workforces through recruitment, training, and
24 policies that allows the devolution of clinical re-
25 sponsibilities to increase the work force able to

1 deliver prevention, treatment, and care services,
2 as necessary, with clearly identified objectives
3 and reporting strategies for such services.”;

4 (E) in paragraph (4) (as redesignated by
5 subparagraph (C) of this paragraph), by strik-
6 ing “foreign countries” and inserting “host
7 countries and donor countries”; and

8 (F) by adding at the end the following:

9 “(5) SENSE OF CONGRESS.—

10 “(A) IN GENERAL.—It is the sense of Con-
11 gress that the Coordinator of United States
12 Government Activities to Combat HIV/AIDS
13 Globally and the heads of relevant executive
14 branch agencies (as such term is defined in sec-
15 tion 3 of the United States Leadership Against
16 HIV/AIDS, Tuberculosis, and Malaria Act of
17 2003) should operate in a manner consistent
18 with the ‘Three Ones’ goals of UNAIDS.

19 “(B) ‘THREE ONES’ GOALS OF UNAIDS DE-
20 FINED.—In this paragraph, the term “‘Three
21 Ones”’ goals of UNAIDS’ means—

22 “(i) the goal of one agreed HIV/AIDS
23 action framework that provides the basis
24 for coordinating the work of all partners in
25 host countries;

1 “(ii) the goal of one national HIV/
 2 AIDS coordinating authority, with a
 3 broad-based multisectoral mandate; and

4 “(iii) the goal of one agreed country-
 5 level data-collection, monitoring, and eval-
 6 uation system.”.

7 (4) ACTIVITIES SUPPORTED.—

8 (A) PREVENTION.—Subsection (d)(1) of
 9 such section is amended—

10 (i) in subparagraph (A)—

11 (I) by inserting “efforts by faith-
 12 based and other nongovernmental or-
 13 ganizations and” after “infection, in-
 14 cluding”;

15 (II) by inserting “, including ac-
 16 cess to such programs and efforts in
 17 family planning programs supported
 18 by the United States Government,”
 19 after “health programs”; and

20 (III) by inserting “male and fe-
 21 male” before “condoms”;

22 (ii) in subparagraph (B)—

23 (I) by inserting “relevant and”
 24 after “culturally”;

1 (II) by inserting “and programs”
2 after “those organizations”; and

3 (III) by inserting “, level of sci-
4 entific and fact-based knowledge”
5 after “experience”;

6 (iii) in subparagraph (D), by inserting
7 “and nonjudgmental approaches” after
8 “protections”;

9 (iv) by amending subparagraph (E) to
10 read as follows:

11 “(E) assistance to achieve the target of
12 reaching 80 percent of pregnant women for pre-
13 vention and treatment of mother-to-child trans-
14 mission of HIV in countries in which the
15 United States is implementing HIV/AIDS pro-
16 grams by 2013, as described in section
17 312(b)(1) of the United States Leadership
18 Against HIV/AIDS, Tuberculosis, and Malaria
19 Act of 2003, and to promote infant feeding op-
20 tions that meet the criteria described in the
21 World Health Organization’s Global Strategy
22 for Infant and Young Child Feeding;”;

23 (v) in subparagraph (G)—

24 (I) by adding at the end before
25 the semicolon the following: “, includ-

1 ing education and services dem-
2 onstrated to be effective in reducing
3 the transmission of HIV infection
4 without increasing illicit drug use”;
5 and

6 (II) by striking “and” at the end;

7 (vi) in subparagraph (H), by striking
8 the period at the end and inserting “;
9 and”; and

10 (vii) by adding at the end the fol-
11 lowing:

12 “(I)(i) assistance for counseling, testing,
13 treatment, care, and support programs for pre-
14 vention of re-infection of individuals with HIV/
15 AIDS;

16 “(ii) counseling to prevent sexual trans-
17 mission of HIV, including skill development for
18 practicing abstinence, reducing the number of
19 sexual partners, and providing information on
20 correct and consistent use of male and female
21 condoms;

22 “(iii) assistance to provide male and female
23 condoms;

24 “(iv) diagnosis and treatment of other sex-
25 ually-transmitted infections;

“(v) strategies to address the stigma and discrimination that impede HIV/AIDS prevention efforts; and

“(vi) assistance to facilitate widespread access to microbicides for HIV prevention, as safe and effective products become available, including financial and technical support for culturally appropriate introductory programs, procurement, distribution, logistics management, program delivery, acceptability studies, provider training, demand generation, and post-introduction monitoring; and

“(J) assistance for HIV/AIDS education targeted to reach and prevent the spread of HIV among men who have sex with men.”.

(B) TREATMENT.—Subsection (d)(2) of such section is amended—

(i) in subparagraph (B), by striking “; and” at the end and inserting a semicolon;

(ii) in subparagraph (C), by striking the period at the end and inserting a semicolon; and

(iii) by adding at the end the following:

“(D) assistance specifically to address barriers that might limit the start of and adherence to treatment services, especially in rural areas, through such measures as mobile and decentralized distribution of treatment services, and where feasible and necessary, direct linkages with nutrition and income security programs, referrals to services for victims of violence, support groups for individuals with HIV/AIDS, and efforts to combat stigma and discrimination against all such individuals;

“(E) assistance to support comprehensive HIV/AIDS treatment (including free prophylaxis and treatment for common HIV/AIDS-related opportunistic infections) for at least one-third of individuals with HIV/AIDS in the poorest countries worldwide who are in clinical need of antiretroviral treatment; and

“(F) assistance to improve access to psychosocial support systems and other necessary services for youth who are infected with HIV to ensure the start of and adherence to treatment services.”.

(C) MONITORING.—Subsection (d)(4) of such section is amended—

1 (i) by striking “The monitoring” and
2 inserting the following:

3 “(A) IN GENERAL.—The monitoring”;

4 (ii) by inserting “and paragraph (8)”
5 after “paragraphs (1) through (3)”;

6 (iii) by redesignating subparagraphs
7 (A) through (D) as clauses (i) through
8 (iv), respectively;

9 (iv) in clause (iii) (as redesignated by
10 clause (iii) of this subparagraph), by strik-
11 ing “and” at the end;

12 (v) in clause (iv) (as redesignated by
13 clause (iii) of this subparagraph), by strik-
14 ing the period at the end and inserting “;
15 and”;

16 (vi) by adding at the end the fol-
17 lowing:

18 “(v) carrying out and expanding pro-
19 gram monitoring, impact evaluation re-
20 search, and operations research (including
21 research and evaluations of gender-respon-
22 sive interventions, disaggregated by age
23 and sex, in order to identify and replicate
24 effective models, develop gender indicators
25 to measure both outcomes and impacts of

1 interventions, especially interventions de-
2 signed to reduce gender inequalities, and
3 collect lessons learned for dissemination
4 among different countries) in order to—

5 “(I) improve the coverage, effi-
6 ciency, effectiveness, quality and ac-
7 cessibility of services provided under
8 this section;

9 “(II) establish the cost-effective-
10 ness of program models;

11 “(III) assess the population-level
12 impact of programs, projects, and ac-
13 tivities implemented;

14 “(IV) ensure the transparency
15 and accountability of services provided
16 under this section;

17 “(V) disseminate and promote
18 the utilization of evaluation findings,
19 lessons, and best practices in the im-
20 plementation of programs, projects,
21 and activities supported under this
22 section; and

23 “(VI) encourage and evaluate in-
24 novative service models and strategies

1 to optimize functionality of programs,
2 projects, and activities.”; and

3 (vii) by further adding at the end the
4 following:

5 “(B) DEFINITIONS.—For purposes of sub-
6 paragraph (A)(v)—

7 “(i) the term ‘impact evaluation re-
8 search’ means the application of research
9 methods and statistical analysis to meas-
10 ure the extent to which a change in a pop-
11 ulation-based outcome can be attributed to
12 a program, project, or activity as opposed
13 to other factors in the environment;

14 “(ii) the term ‘program monitoring’
15 means the collection, analysis, and use of
16 routine data with respect to a program,
17 project, or activity to determine how well
18 the program, project, or activity is carried
19 out and at what cost; and

20 “(iii) the term ‘operations research’
21 means the application of social science re-
22 search methods and statistical analysis to
23 judge, compare, and improve policy out-
24 comes and outcomes of a program, project,
25 or activity, from the earliest stages of de-

fining and designing the program, project, or activity through the development and implementation of the program, project, or activity.”.

(D) PHARMACEUTICALS.—Subsection (d)(5) of such section is amended—

(i) by redesignating subparagraph (C) as subparagraph (D); and

(ii) by inserting after subparagraph (B) the following:

“(C) MECHANISMS TO ENSURE COST-EFFECTIVE DRUG PURCHASING.—Mechanisms to ensure that pharmaceuticals, including antiretrovirals and medicines to treat opportunistic infections, are purchased at the lowest possible price at which such pharmaceuticals may be obtained in sufficient quantity on the world market.”.

(E) REFERRAL SYSTEMS AND COORDINATION WITH OTHER ASSISTANCE PROGRAMS.—

(i) FINDING.—The effectiveness of all HIV/AIDS prevention, treatment, and care programs and the survival of individuals with HIV/AIDS would be enhanced by ensuring that such individuals are referred to

1 appropriate support programs, including
2 education, income generation, HIV/AIDS
3 support group and food and nutrition pro-
4 grams, and by providing assistance directly
5 to such programs to the extent such pro-
6 grams would further the purposes of ex-
7 panding access to and the success of HIV/
8 AIDS prevention, treatment, and care.

9 (ii) AMENDMENT.—Subsection (d) of
10 such section is further amended by adding
11 at the end the following:

12 “(8) REFERRAL SYSTEMS AND COORDINATION
13 WITH OTHER ASSISTANCE PROGRAMS.—

14 “(A) REFERRAL SYSTEMS.—Assistance to
15 ensure that a continuum of care is available to
16 individuals participating in HIV/AIDS preven-
17 tion, treatment, and care programs through the
18 development of referral systems for such indi-
19 viduals to community-based programs that,
20 where practicable, are co-located with such
21 HIV/AIDS programs, and that provide support
22 activities for such individuals, including HIV/
23 AIDS treatment adherence, HIV/AIDS support
24 groups, food and nutrition support, maternal
25 health services, substance abuse prevention and

1 treatment services, income-generation pro-
2 grams, legal services, and other program sup-
3 port.

4 “(B) COORDINATION WITH OTHER ASSIST-
5 ANCE PROGRAMS.—

6 “(i)(I) Assistance to integrate HIV/AIDS
7 testing with testing for other easily detectable
8 and treatable infectious diseases, such as ma-
9 laria, tuberculosis, and respiratory infections,
10 and to provide treatment if possible or referral
11 to appropriate treatment programs.

12 “(II) Assistance to provide, whenever pos-
13 sible, as a component of HIV/AIDS prevention,
14 treatment, and care services, and co-treatment
15 of curable diseases, such as other sexually
16 transmitted diseases.

17 “(III) Assistance and other activities to en-
18 sure, through interagency and international co-
19 ordination, that United States global HIV/
20 AIDS programs are integrated and complemen-
21 tary to delivering related health services.

22 “(ii) Assistance to support schools and re-
23 lated programs for children and youth that in-
24 crease the effectiveness of programs described
25 in this subsection by providing the infrastruc-

1 ture, teachers, and other support to such pro-
2 grams.

3 “(iii) Assistance and other activities to
4 provide access to HIV/AIDS prevention, treat-
5 ment, and care programs in family planning
6 and maternal and child health programs sup-
7 ported by the United States Government.

8 “(iv) Assistance to United States and host
9 country nonprofit development organizations
10 that directly support livelihood initiatives in
11 HIV/AIDS-affected countries that provide op-
12 portunities for direct lending to microentre-
13 preneurs by United States citizens or opportu-
14 nities for United States citizens to purchase
15 livestock and plants for families to provide nu-
16 trition and generate income for individual
17 households and communities.

18 “(v) Assistance to coordinate and provide
19 linkages between HIV/AIDS prevention, treat-
20 ment, and care programs with efforts to im-
21 prove the economic and legal status of women
22 and girls.

23 “(vi) Technical assistance coordinated
24 across implementing agencies, offered on a reg-
25 ular basis, and made available upon request, for

1 faith-based and community-based organizations,
2 especially indigenous organizations and new
3 partners who do not have extensive experience
4 managing United States foreign assistance pro-
5 grams, including for training and logistical sup-
6 port to establish financial mechanisms to track
7 program receipts and expenditures and data
8 management systems to ensure data quality
9 and strengthen reporting.

10 “(vii) In accordance with the World Health
11 Organization’s Interim Policy on TB/HIV Ac-
12 tivities (2004), assistance to individuals with or
13 symptomatic of tuberculosis, and assistance to
14 implement the following:

15 “(I) Provide opt-out HIV/AIDS coun-
16 seling and testing and appropriate referral
17 for treatment and care to individuals with
18 or symptomatic of tuberculosis, and work
19 with host countries to ensure that such in-
20 dividuals in host countries are provided
21 such services.

22 “(II) Ensure, in coordination with
23 host countries, that individuals with HIV/
24 AIDS receive tuberculosis screening and
25 other appropriate treatment.

1 “(III) Provide increased funding for
 2 HIV/AIDS and tuberculosis activities, by
 3 increasing total resources for such activi-
 4 ties, including lab strengthening and infec-
 5 tion control.

6 “(IV) Improve the management and
 7 dissemination of knowledge gained from
 8 HIV/AIDS and tuberculosis activities to
 9 increase the replication of best practices.”.

10 (5) ANNUAL REPORT.—Subsection (e) of such
 11 section is amended—

12 (A) in paragraph (1), by striking “Com-
 13 mittee on International Relations” and insert-
 14 ing “Committee on Foreign Affairs”;

15 (B) in paragraph (2)—

16 (i) in subparagraph (B), by striking
 17 “and” at the end;

18 (ii) in subparagraph (C)—

19 (I) in the matter preceding clause
 20 (i), by striking “including” and insert-
 21 ing “including—”;

22 (II) by striking clauses (i) and
 23 (ii) and inserting the following:

24 “(i)(I) the effectiveness of such pro-
 25 grams in reducing the transmission of

1 HIV, particularly in women and girls, in
2 reducing mother-to-child transmission of
3 HIV, including through drug treatment
4 and therapies, either directly or by refer-
5 ral, and in reducing mortality rates from
6 HIV/AIDS, including through drug treat-
7 ment, and addiction therapies;

8 “(II) a description of strategies, goals,
9 programs, and interventions to address the
10 specific needs and vulnerabilities of young
11 women and young men; the progress to-
12 ward expanding access among young
13 women and young men to evidence-based,
14 comprehensive HIV/AIDS health care serv-
15 ices and HIV prevention and sexuality and
16 abstinence education programs at the indi-
17 vidual, community, and national levels; and
18 clear targets for integrating adolescents
19 who are orphans, including adolescents
20 who are infected with HIV, into programs
21 for orphans and vulnerable children; and

22 “(III) the amount of United States
23 funding provided under the authorities of
24 this Act to procure drugs for HIV/AIDS
25 programs in countries described in section

1 1(f)(2)(B)(IX) of the State Department
2 Basic Authorities Act of 1956 (22 U.S.C.
3 2651a(f)(2)(B)(VIII)), including a detailed
4 description of anti-retroviral drugs pro-
5 cured, including—

6 “(aa) the total amount expended
7 for each generic and name brand
8 drug;

9 “(bb) the price paid per unit of
10 each drug; and

11 “(cc) the vendor from which each
12 drug was purchased; and

13 “(ii) the progress made toward im-
14 proving health care delivery systems (in-
15 cluding the training of adequate numbers
16 of health care professionals) and infra-
17 structure to ensure increased access to
18 care and treatment, including a description
19 of progress toward—

20 “(I)(aa) the training and reten-
21 tion of adequate numbers of health
22 care professionals in order to meet a
23 nationally-determined ratio of doctors,
24 nurses, and midwives to patients,
25 based on the target of the 2.3 per-

1 thousand ratio established by the
2 World Health Organization (WHO);

3 “(bb) increases in the number of
4 other health care professions, such as
5 pharmacists and lab technicians, as
6 necessary; and

7 “(cc) the improvement of infra-
8 structure needed to ensure universal
9 access to HIV/AIDS prevention, treat-
10 ment, and care by 2015;

11 “(II) national health care work-
12 force strategy benchmarks, as re-
13 quired by section 202(d)(5)(B) of the
14 United States Leadership Against
15 HIV/AIDS, Tuberculosis, and Malaria
16 Act of 2003, United States contribu-
17 tions to developing and implementing
18 the benchmarks, and main challenges
19 to implementing the benchmarks;

20 “(III) ensuring, to the extent
21 practicable, that health care workers
22 providing services under this Act have
23 safe working conditions and are re-
24 ceiving health care services, including
25 services relating to HIV/AIDS;

1 “(IV) activities to strengthen
2 health care systems in order to over-
3 come obstacles and barriers to the
4 provision of HIV/AIDS, tuberculosis,
5 and malaria services;

6 “(V) improving integration and
7 coordination of HIV/AIDS programs
8 with related health care services and
9 supporting the capacity of health care
10 programs to refer individuals to com-
11 munity-based services; and

12 “(VI) strengthening procurement
13 and supply chain management sys-
14 tems of host countries;”;

15 (III) in clause (iii), by adding at
16 the end before the semicolon the fol-
17 lowing: “, including the percentage of
18 such United States foreign assistance
19 provided for diagnosis and treatment
20 of individuals with tuberculosis in
21 countries with the highest burden of
22 tuberculosis, as determined by the
23 World Health Organization (WHO)”;
24 and

1 (IV) in clause (iv), by striking
2 the period at the end and inserting a
3 semicolon; and

4 (iii) by adding at the end the fol-
5 lowing:

6 “(D) a description of efforts to integrate
7 HIV/AIDS and tuberculosis prevention, treat-
8 ment, and care programs, including—

9 “(i) the number and percentage of
10 HIV-infected individuals receiving HIV/
11 AIDS treatment or care services who are
12 also receiving screening and subsequent
13 treatment for tuberculosis;

14 “(ii) the number and percentage of in-
15 dividuals with tuberculosis who are receiv-
16 ing HIV/AIDS counseling and testing, and
17 appropriate referral to HIV/AIDS services;

18 “(iii) the number and location of lab-
19 oratories with the capacity to perform tu-
20 berculosis culture tests and tuberculosis
21 drug susceptibility tests;

22 “(iv) the number and location of lab-
23 oratories with the capacity to perform ap-
24 propriate tests for multi-drug resistant tu-

berculosis (MDR–TB) and extensively drug
resistant tuberculosis (XDR–TB); and

“(v) the number of HIV-infected individuals suspected of having tuberculosis who are provided tuberculosis culture diagnosis or tuberculosis drug susceptibility testing;

“(E) a description of coordination efforts with relevant executive branch agencies (as such term is defined in section 3 of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003) and at the global level in the effort to link HIV/AIDS services with non-HIV/AIDS services;

“(F) a description of programs serving women and girls, including—

“(i) a description of HIV/AIDS prevention programs that address the vulnerabilities of girls and women to HIV/AIDS; and

“(ii) information on the number of individuals served by programs aimed at reducing the vulnerabilities of women and girls to HIV/AIDS;

1 “(G) a description of the specific strategies
2 funded to ensure the reduction of HIV infection
3 among injection drug users, and the number of
4 injection drug users, by country, reached by
5 such strategies, including medication-assisted
6 drug treatment for individuals with HIV or at
7 risk of HIV, and HIV prevention programs
8 demonstrated to be effective in reducing HIV
9 transmission without increasing drug use; and

10 “(H) a detailed description of monitoring,
11 impact evaluation research, and operations re-
12 search of programs, projects, and activities car-
13 ried out pursuant to subsection (d)(4)(A)(v).”;
14 and

15 (C) by adding at the end the following:

16 “(3) PUBLIC AVAILABILITY.—The Coordinator
17 of United States Government Activities to Combat
18 HIV/AIDS Globally shall make publicly available on
19 the Internet website of the Office of the Coordinator
20 the information contained in paragraph (2)(H) of
21 each report and, in addition, the individual evalua-
22 tions and other reports that were the basis of such
23 information, including lessons learned and collected
24 in such evaluations and reports.”.

1 (b) AUTHORIZATION OF APPROPRIATIONS.—Sub-
2 section (b) of section 301 of the United States Leadership
3 Against HIV/AIDS, Tuberculosis, and Malaria Act of
4 2003 (22 U.S.C. 7631) is amended—

5 (1) in paragraph (1), by striking “fiscal years
6 2004 through 2008” and inserting “fiscal years
7 2009 through 2013”; and

8 (2) in paragraph (3), by striking “fiscal years
9 2004 through 2008” and inserting “fiscal years
10 2009 through 2013”.

11 (c) FOOD SECURITY AND NUTRITION SUPPORT.—
12 Subsection (c) of such section is amended to read as fol-
13 lows:

14 “(c) FOOD SECURITY AND NUTRITION SUPPORT.—

15 “(1) FINDINGS.—Congress finds the following:

16 “(A) The United States provides more
17 than 60 percent of all food assistance world-
18 wide.

19 “(B) According to the United Nations
20 World Food Program and other United Nations
21 agencies, food insecurity of individuals with
22 HIV/AIDS is a major problem in countries with
23 large populations of such individuals, particu-
24 larly in sub-Saharan African countries.

1 “(C) Individuals infected with HIV have
2 higher nutritional requirements than individuals
3 who are not infected with HIV, particularly
4 with respect to the need for protein. Also, there
5 is evidence to suggest that the full benefit of
6 therapy to treat HIV/AIDS may not be
7 achieved in individuals who are malnourished,
8 particularly in pregnant and lactating women.

9 “(2) SENSE OF CONGRESS.—It is the sense of
10 Congress that—

11 “(A) malnutrition, especially for individ-
12 uals with HIV/AIDS, is a clinical health issue
13 with wider nutrition, health, and social implica-
14 tions for such individuals, their families, and
15 their communities that must be addressed by
16 United States HIV/AIDS prevention, treat-
17 ment, and care programs;

18 “(B) food security and nutrition directly
19 impact an individual’s vulnerability to HIV in-
20 fection, the progression of HIV to AIDS, an in-
21 dividual’s ability to begin an antiretroviral
22 medication treatment regimen, the efficacy of
23 an antiretroviral medication treatment regimen
24 once an individual begins such a regimen, and

1 the ability of communities to effectively cope
2 with the HIV/AIDS epidemic and its impacts;

3 “(C) international guidelines established by
4 the World Health Organization (WHO) should
5 serve as the reference standard for HIV/AIDS
6 food and nutrition activities supported by this
7 Act and the amendments made by this Act;

8 “(D) the Coordinator of United States
9 Government Activities to Combat HIV/AIDS
10 Globally and the Administrator of the United
11 States Agency for International Development
12 should make it a priority to work together and
13 with other United States Government agencies,
14 donors, and multilateral institutions to increase
15 the integration of food and nutrition support
16 and livelihood activities into HIV/AIDS preven-
17 tion, treatment, and care activities funded by
18 the United States and other governments and
19 organizations;

20 “(E) for purposes of determining which in-
21 dividuals infected with HIV should be provided
22 with nutrition and food support—

23 “(i) children with moderate or severe
24 malnutrition, according to WHO stand-

1 ards, shall be given priority for such nutri-
2 tion and food support; and

3 “(ii) adults with a body mass index
4 (BMI) of 18.5 or less, or at the prevailing
5 WHO-approved measurement for BMI,
6 should be considered ‘malnourished’ and
7 should be given priority for such nutrition
8 and food support;

9 “(F) programs funded by the United
10 States should include therapeutic and supple-
11 mentary feeding, food, and nutrition support
12 and should include strong links to development
13 programs that provide support for livelihoods;
14 and

15 “(G) the inability of individuals with HIV/
16 AIDS to access food for themselves or their
17 families should not be allowed to impair or
18 erode the therapeutic status of such individuals
19 with respect to HIV/AIDS or related co-
20 morbidities.

21 “(3) STATEMENT OF POLICY.—It is the policy
22 of the United States to—

23 “(A) address the food and nutrition needs
24 of individuals with HIV/AIDS and affected in-

1 dividuals, including orphans and vulnerable
2 children;

3 “(B) fully integrate food and nutrition
4 support into HIV/AIDS prevention, treatment,
5 and care programs carried out under this Act
6 and the amendments made by this Act;

7 “(C) ensure, to the extent practicable,
8 that—

9 “(i) HIV/AIDS prevention, treatment,
10 and care providers and health care workers
11 are adequately trained so that such pro-
12 viders and workers can provide accurate
13 and informed information regarding food
14 and nutrition support to individuals en-
15 rolled in treatment and care programs and
16 individuals affected by HIV/AIDS; and

17 “(ii) individuals with HIV/AIDS who,
18 with their households, are identified as
19 food insecure are provided with adequate
20 food and nutrition support; and

21 “(D) effectively link food and nutrition
22 support provided under this Act and the
23 amendments made by this Act to individuals
24 with HIV/AIDS, their households, and their
25 communities, to other food security and liveli-

1 hood programs funded by the United States
2 and other donors and multilateral agencies.

3 “(4) INTEGRATION OF FOOD SECURITY AND
4 NUTRITION ACTIVITIES INTO HIV/AIDS PREVENTION,
5 TREATMENT, AND CARE ACTIVITIES.—

6 “(A) REQUIREMENTS RELATING TO GLOB-
7 AL AIDS COORDINATOR.—Consistent with the
8 statement of policy described in paragraph (3),
9 the Coordinator of United States Government
10 Activities to Combat HIV/AIDS Globally
11 shall—

12 “(i) ensure, to the extent practicable,
13 that—

14 “(I) an assessment, using vali-
15 dated criteria, of the food security and
16 nutritional status of each individual
17 enrolled in antiretroviral medication
18 treatment programs supported with
19 funds authorized under this Act or
20 any amendment made by this Act is
21 carried out; and

22 “(II) appropriate nutritional
23 counseling is provided to each indi-
24 vidual described in subclause (I);

1 “(ii) coordinate with the Adminis-
2 trator of the United States Agency for
3 International Development, the Secretary
4 of Agriculture, and the heads of other rel-
5 evant executive branch agencies to—

6 “(I) ensure, to the extent prac-
7 ticable, that, in communities in which
8 a significant proportion of individuals
9 with HIV/AIDS are in need of food
10 and nutrition support, a status and
11 needs assessment for such support
12 employing validated criteria is con-
13 ducted and a plan to provide such
14 support is developed and implemented;

15 “(II) improve and enhance co-
16 ordination between food security and
17 livelihood programs for individuals in-
18 fected with HIV in host countries and
19 food security and livelihood programs
20 that may already exist in such coun-
21 tries;

22 “(III) establish effective linkages
23 between the health and agricultural
24 development and livelihoods sectors in
25 order to enhance food security; and

1 “(IV) ensure, by providing in-
2 creased resources if necessary, effec-
3 tive coordination between activities
4 authorized under this Act and the
5 amendments made by this Act and ac-
6 tivities carried out under other provi-
7 sions of the Foreign Assistance Act of
8 1961 when establishing new HIV/
9 AIDS treatment sites;

10 “(iii) develop effective, validated indi-
11 cators that measure outcomes of nutrition
12 and food security interventions carried out
13 under this section and use such indicators
14 to monitor and evaluate the effectiveness
15 of such interventions; and

16 “(iv) evaluate the role of and, to the
17 extent appropriate, support and expand
18 partnerships and linkages between United
19 States postsecondary educational institu-
20 tions with postsecondary educational insti-
21 tutions in host countries in order to pro-
22 vide training and build indigenous human
23 and institutional capacity and expertise to
24 respond to HIV/AIDS, and to improve ca-
25 pacity to address nutrition, food security,

1 and livelihood needs of HIV/AIDS-affected
2 and impoverished communities.

3 “(B) REQUIREMENTS RELATING TO USAID
4 ADMINISTRATOR.—Consistent with the state-
5 ment of policy described in paragraph (3), the
6 Administrator of the United States Agency for
7 International Development, in coordination with
8 the Coordinator of United States Government
9 Activities to Combat HIV/AIDS Globally and
10 the Secretary of Agriculture, shall provide, to
11 the extent practicable, as an essential compo-
12 nent of antiretroviral medication treatment pro-
13 grams supported with funds authorized under
14 this Act and the amendments made by this Act,
15 food and nutrition support to each individual
16 with HIV/AIDS who is determined to need such
17 support by the assessing health professional,
18 based on a body mass index (BMI) of 18.5 or
19 less, or at the prevailing WHO-approved meas-
20 urement for BMI, and the individual’s house-
21 hold, for a period of not less than 180 days, ei-
22 ther directly or through referral to an assist-
23 ance program or organization with demon-
24 strable ability to provide such support.

1 “(C) REPORT.—Not later than October 31,
2 2010, and annually thereafter, the Coordinator
3 of United States Government Activities to Com-
4 bat HIV/AIDS Globally, in consultation with
5 the Administrator of the United States Agency
6 for International Development, shall submit to
7 the appropriate congressional committees a re-
8 port on the implementation of this subsection
9 for the prior fiscal year. The report shall in-
10 clude a description of—

11 “(i) the effectiveness of interventions
12 carried out to improve the nutritional sta-
13 tus of individuals with HIV/AIDS;

14 “(ii) the amount of funds provided for
15 food and nutrition support for individuals
16 with HIV/AIDS and affected individuals in
17 the prior fiscal year and the projected
18 amount of funds to be provided for such
19 purpose for next fiscal year; and

20 “(iii) a strategy for improving the
21 linkage between assistance provided with
22 funds authorized under this subsection and
23 food security and livelihood programs
24 under other provisions of law as well as ac-

1 activities funded by other donors and multi-
2 lateral organizations.

3 “(D) AUTHORIZATION OF APPROPRIA-
4 TIONS.—Of the amounts authorized to be ap-
5 propriated under section 401 for HIV/AIDS as-
6 sistance, there are authorized to be appro-
7 priated to the President such sums as may be
8 necessary for each of the fiscal years 2009
9 through 2013 to carry out this subsection.”.

10 (d) ELIGIBILITY FOR ASSISTANCE.—Subsection (d)
11 of such section is amended to read as follows:

12 “(d) ELIGIBILITY FOR ASSISTANCE.—An organiza-
13 tion, including a faith-based organization, that is other-
14 wise eligible to receive assistance under section 104A of
15 the Foreign Assistance Act of 1961 (as added by sub-
16 section (a)) or under any other provision of this Act (or
17 any amendment made by this Act or the Tom Lantos and
18 Henry J. Hyde Global Leadership Against HIV/AIDS,
19 Tuberculosis, and Malaria Reauthorization Act of 2008)
20 to prevent, treat, or monitor HIV/AIDS—

21 “(1) shall not be required, as a condition of re-
22 ceiving the assistance, to endorse or utilize a multi-
23 sectoral approach to combating HIV/AIDS, or to en-
24 dorse, utilize, make a referral to, become integrated
25 with or otherwise participate in any program or ac-

1 tivity to which the organization has a religious or
2 moral objection; and

3 “(2) shall not be discriminated against in the
4 solicitation or issuance of grants, contracts, or coop-
5 erative agreements under such provisions of law for
6 refusing to do so.”.

7 (e) SENSE OF CONGRESS.—Such section is further
8 amended by striking subsection (g).

9 (f) REPORT.—

10 (1) IN GENERAL.—Not later than 270 days
11 after the date of the enactment of this Act, the Co-
12 ordinator of United States Government Activities to
13 Combat HIV/AIDS Globally shall submit to the ap-
14 propriate congressional committees a report identi-
15 fying a target for the number of additional health
16 professionals and workers needed in host countries
17 to provide HIV/AIDS prevention, treatment, and
18 care and the training needs of such health profes-
19 sionals and workers. The target should reflect avail-
20 able data and should identify the need for United
21 States Government contributions to meet the target.

22 (2) DEFINITION.—In this subsection, the term
23 “appropriate congressional committees” has the
24 meaning given the term in section 3 of the United

1 States Leadership Against HIV/AIDS, Tuberculosis,
2 and Malaria Act of 2003 (22 U.S.C. 7602).

3 **SEC. 302. ASSISTANCE TO COMBAT TUBERCULOSIS.**

4 (a) AMENDMENTS TO THE FOREIGN ASSISTANCE
5 ACT OF 1961.—

6 (1) FINDINGS.—Subsection (a) of section 104B
7 of the Foreign Assistance Act of 1961 (22 U.S.C.
8 2151b–3) is amended by striking paragraphs (1)
9 and (2) and inserting the following:

10 “(1) Tuberculosis is one of the greatest infec-
11 tious causes of death of adults worldwide, killing 1.6
12 million individuals per year—one person every 20
13 seconds.

14 “(2) Tuberculosis is the leading infectious cause
15 of death among individuals who are infected with
16 HIV due to their weakened immune systems, and it
17 is estimated that one-third of such individuals have
18 tuberculosis. Tuberculosis is also a leading killer of
19 women of reproductive age.

20 “(3) Driven by the HIV/AIDS pandemic, inci-
21 dence rates of tuberculosis in sub-Saharan Africa
22 have more than doubled on average since 1990. The
23 problem is so pervasive that in August 2005, African
24 health ministers and the World Health Organization

1 (WHO) declared tuberculosis to be an emergency in
2 sub-Saharan Africa.

3 “(4)(A) The wide extent of drug resistance, in-
4 cluding both multi-drug resistant tuberculosis
5 (MDR–TB) and extensively drug resistant tuber-
6 culosis (XDR–TB), represents both a critical chal-
7 lenge to the global control of tuberculosis and a seri-
8 ous worldwide public health threat.

9 “(B) XDR–TB, which is a form of MDR–TB
10 with additional resistance to multiple second-line
11 anti-tuberculosis drugs, is associated with worst
12 treatment outcomes of any form of tuberculosis.

13 “(C) XDR–TB is converging with the HIV/
14 AIDS epidemic, undermining gains in HIV/AIDS
15 prevention and treatment programs and requires ur-
16 gent interventions.

17 “(D) Drug resistance surveillance reports have
18 confirmed the serious scale and spread of tuber-
19 culosis, with XDR–TB strains confirmed on six con-
20 tinents.

21 “(E) Demonstrating the lethality of XDR–TB,
22 an initial outbreak in Tugela Ferry, South Africa, in
23 2006 killed 52 of 53 patients with hundreds more
24 cases reported since that time.

1 “(F) Of the world’s regions, sub-Saharan Afri-
2 ca, faces the greatest gap in capacity to prevent,
3 treat, and care for individuals with XDR–TB.”.

4 (2) POLICY.—Subsection (b) of such section is
5 amended to read as follows:

6 “(b) POLICY.—It is a major objective of the foreign
7 assistance program of the United States to control tuber-
8 culosis. In all countries in which the Government of the
9 United States has established development programs, par-
10 ticularly in countries with the highest burden of tuber-
11 culosis and other countries with high rates of tuberculosis,
12 the United States Government should prioritize the
13 achievement of the following goals by not later than De-
14 cember 31, 2015:

15 “(1) Reduce by one-half the tuberculosis death
16 and disease burden from the 1990 baseline.

17 “(2) Sustain or exceed the detection of at least
18 70 percent of sputum smear-positive cases of tuber-
19 culosis and the cure of at least 85 percent of such
20 cases detected.”.

21 (3) ACTIVITIES SUPPORTED.—Such section is
22 further amended—

23 (A) by redesignating subsections (d)
24 through (f) as subsections (e) through (g); and

1 (B) by inserting after subsection (c) the
2 following:

3 “(d) ACTIVITIES SUPPORTED.—Assistance provided
4 under subsection (c) shall, to the maximum extent prac-
5 ticable, be used to carry out the following activities:

6 “(1) Provide diagnostic counseling and testing
7 to individuals with HIV/AIDS for tuberculosis (in-
8 cluding a culture diagnosis to rule out multi-drug re-
9 sistant tuberculosis (MDR–TB) and extensively drug
10 resistant tuberculosis (XDR–TB) and provide HIV/
11 AIDS voluntary counseling and testing to individuals
12 with any form of tuberculosis.

13 “(2) Provide tuberculosis treatment to individ-
14 uals receiving treatment and care for HIV/AIDS
15 who have active tuberculosis and provide prophylactic
16 treatment to individuals with HIV/AIDS who
17 also have a latent tuberculosis infection.

18 “(3) Link individuals with both HIV/AIDS and
19 tuberculosis to HIV/AIDS treatment and care serv-
20 ices, including antiretroviral therapy and
21 cotrimoxazole therapy.

22 “(4) Ensure that health care workers trained to
23 diagnose, treat, and provide care for HIV/AIDS are
24 also trained to diagnose, treat, and provide care for
25 individuals with both HIV/AIDS and tuberculosis.

1 “(5) Ensure that individuals with active pul-
2 monary tuberculosis are provided a culture diag-
3 nosis, including drug susceptibility testing to rule
4 out multi-drug resistant tuberculosis (MDR-TB)
5 and extensively drug resistant tuberculosis (XDR-
6 TB) in areas with high prevalence of tuberculosis
7 drug resistance.”.

8 (4) PRIORITY TO STOP TB STRATEGY.—Sub-
9 section (f) of such section (as redesignated by para-
10 graph (3) of this subsection) is amended—

11 (A) by amending the heading to read as
12 follows: “PRIORITY TO STOP TB STRATEGY”;

13 (B) in the first sentence, by striking “In
14 furnishing” and all that follows through “, in-
15 cluding funding” and inserting the following:

16 “(1) PRIORITY.—In furnishing assistance under
17 subsection (c), the President shall give priority to—

18 “(A) activities described in the Stop TB
19 Strategy, including expansion and enhancement
20 of Directly Observed Treatment Short-course
21 (DOTS) coverage, treatment for individuals in-
22 fected with both tuberculosis and HIV and
23 treatment for individuals with multi-drug resist-
24 ant tuberculosis (MDR-TB), strengthening of
25 health systems, use of the International Stand-

ards for Tuberculosis Care by all care providers, empowering individuals with tuberculosis, and enabling and promoting research to develop new diagnostics, drugs, and vaccines, and program-based operational research relating to tuberculosis; and

“(B) funding”; and

(C) in the second sentence—

(i) by striking “In order to” and all that follows through “not less than” and inserting the following:

“(2) AVAILABILITY OF AMOUNTS.—In order to meet the requirements of paragraph (1), the President—

“(A) shall ensure that not less than”;

(ii) by striking “for Directly Observed Treatment Short-course (DOTS) coverage and treatment of multi-drug resistant tuberculosis using DOTS–Plus,” and inserting “to implement the Stop TB Strategy; and”; and

(iii) by striking “including” and all that follows and inserting the following:

“(B) should ensure that not less than \$15,000,000 of the amount made available to

1 carry out this section for a fiscal year is used
2 to make a contribution to the Global Tuber-
3 culosis Drug Facility.”.

4 (5) ASSISTANCE FOR WHO AND THE STOP TU-
5 BERCULOSIS PARTNERSHIP.—Such section is further
6 amended—

7 (A) by redesignating subsection (g) (as re-
8 designated by paragraph (3) of this subsection)
9 as subsection (h); and

10 (B) by inserting after subsection (f) (as re-
11 designated by paragraph (4) and amended by
12 paragraph (5) of this subsection) the following
13 new subsection:

14 “(g) ASSISTANCE FOR WHO AND THE STOP TUBER-
15 CULOSIS PARTNERSHIP.—In carrying out this section, the
16 President, acting through the Administrator of the United
17 States Agency for International Development, is author-
18 ized to provide increased resources to the World Health
19 Organization (WHO) and the Stop Tuberculosis Partner-
20 ship to improve the capacity of countries with high rates
21 of tuberculosis and other affected countries to implement
22 the Stop TB Strategy and specific strategies related to
23 addressing extensively drug resistant tuberculosis (XDR-
24 TB).”.

1 (6) DEFINITIONS.—Subsection (h) of such sec-
2 tion (as redesignated by paragraph (5)(A) of this
3 subsection) is amended—

4 (A) in paragraph (1), by adding at the end
5 before the period the following: “, including low
6 cost and effective diagnosis and evaluation of
7 treatment regimes, vaccines, and monitoring of
8 tuberculosis, as well as a reliable drug supply,
9 and a management strategy for public health
10 systems, with health system strengthening, pro-
11 motion of the use of the International Stand-
12 ards for Tuberculosis Care by all care pro-
13 viders, bacteriology under an external quality
14 assessment framework, short-course chemo-
15 therapy, and sound reporting and recording sys-
16 tems”; and

17 (B) by adding after paragraph (5) the fol-
18 lowing new paragraph:

19 “(6) STOP TB STRATEGY.—The term ‘Stop TB
20 Strategy’ means the six-point strategy to reduce tu-
21 berculosis developed by the World Health Organiza-
22 tion. The strategy is described in the Global Plan to
23 Stop TB 2007–2016: Actions for Life, a comprehen-
24 sive plan developed by the Stop Tuberculosis Part-
25 nership that sets out the actions necessary to

1 achieve the millennium development goal of cutting
2 tuberculosis deaths and disease burden in half by
3 2016.”.

4 (b) AUTHORIZATION OF APPROPRIATIONS.—Section
5 302(b) of the United States Leadership Against HIV/
6 AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C.
7 7632(b)) is amended—

8 (1) in paragraph (1), by striking “such sums as
9 may be necessary for each of the fiscal years 2004
10 through 2008” and inserting “\$4,000,000,000 for
11 fiscal years 2009 through 2013”; and

12 (2) in paragraph (3), by striking “fiscal years
13 2004 through 2008” and inserting “fiscal years
14 2009 through 2013”.

15 **SEC. 303. ASSISTANCE TO COMBAT MALARIA.**

16 (a) AMENDMENT TO THE FOREIGN ASSISTANCE ACT
17 OF 1961.—Section 104C(b) of the Foreign Assistance Act
18 of 1961 (22 U.S.C. 21516–4(b)) is amended by striking
19 “control, and cure” and inserting “treatment, and care”.

20 (b) AUTHORIZATION OF APPROPRIATIONS.—Section
21 303(b) of the United States Leadership Against HIV/
22 AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C.
23 7633(b)) is amended—

24 (1) in paragraph (1), by striking “such sums as
25 may be necessary for fiscal years 2004 through

1 2008” and inserting “\$5,000,000,000 for fiscal
2 years 2009 through 2013”; and

3 (2) in paragraph (3), by striking “fiscal years
4 2004 through 2008” and inserting “fiscal years
5 2009 through 2013”.

6 (c) DEVELOPMENT OF A COMPREHENSIVE FIVE-
7 YEAR STRATEGY.—Section 303 of the United States
8 Leadership Against HIV/AIDS, Tuberculosis, and Malaria
9 Act of 2003 (22 U.S.C. 7633) is amended by adding at
10 the end the following:

11 “(d) DEVELOPMENT OF A COMPREHENSIVE FIVE-
12 YEAR STRATEGY.—The President shall establish a com-
13 prehensive, five-year strategy to combat global malaria
14 that strengthens the capacity of the United States to be
15 an effective leader of international efforts to reduce the
16 global malaria disease burden. Such strategy shall main-
17 tain sufficient flexibility and remain responsive to the
18 ever-changing nature of the global malaria challenge and
19 shall—

20 “(1) include specific objectives, multisectoral
21 approaches and strategies to treat and provide care
22 to individuals infected with malaria, to prevent the
23 further spread of malaria;

1 “(2) describe how this strategy would con-
2 tribute to the United States’ overall global health
3 and development goals;

4 “(3) clearly explain how proposed activities to
5 combat malaria will be coordinated with other
6 United States global health activities, including the
7 five-year global HIV/AIDS and tuberculosis strate-
8 gies developed pursuant to section 101 of this Act;

9 “(4) expand public-private partnerships and
10 leveraging of resources to combat malaria, including
11 private sector resources;

12 “(5) coordinate among relevant executive
13 branch agencies providing assistance to combat ma-
14 laria in order to maximize human and financial re-
15 sources and reduce unnecessary duplication among
16 such agencies and other donors;

17 “(6) maximize United States capabilities in the
18 areas of technical assistance, training, and research,
19 including vaccine research, to combat malaria; and

20 “(7) establish priorities and selection criteria
21 for the distribution of resources to combat malaria
22 based on factors such as the size and demographics
23 of the population with malaria, the needs of that
24 population, the host countries’ existing infrastruc-
25 ture, and the host countries’ ability to complement

1 United States efforts with strategies outlined in na-
2 tional malaria control plans.

3 “(e) MALARIA RESPONSE COORDINATOR.—

4 “(1) IN GENERAL.—There should be established
5 within the United States Agency for International
6 Development a Coordinator of United States Gov-
7 ernment Activities to Combat Malaria Globally, who
8 should be appointed by the President.

9 “(2) AUTHORITIES.—The Coordinator, acting
10 through such nongovernmental organizations and
11 relevant executive branch agencies as may be nec-
12 essary and appropriate to effect the purposes of sec-
13 tion 104C of the Foreign Assistance Act of 1961 (22
14 U.S.C. 2151b–4), is authorized—

15 “(A) to operate internationally to carry out
16 prevention, treatment, care, support, capacity
17 development of health systems, and other activi-
18 ties for combating malaria;

19 “(B) to transfer and allocate funds to rel-
20 evant executive branch agencies;

21 “(C) to provide grants to, and enter into
22 contracts with, nongovernmental organizations
23 to carry out the purposes of such section 104C;

24 “(D) to enter into contracts and transfer
25 and allocate funds to international organiza-

tions to carry out the purposes of such section 104C; and

“(E) to coordinate with a public-private partnership to discover and develop effective new antimalarial drugs, including drugs for multi-drug resistant malaria and malaria in pregnant women.

“(3) DUTIES.—

“(A) IN GENERAL.—The Coordinator shall have primary responsibility for the oversight and coordination of all resources and global United States government activities to combat malaria.

“(B) SPECIFIC DUTIES.—The Coordinator shall—

“(i) facilitate program and policy coordination among relevant executive branch agencies and nongovernmental organizations, including auditing, monitoring and evaluation of such programs;

“(ii) ensure that each relevant executive branch agency has sufficient resources to execute programs in areas in which the agency has the greatest expertise, technical capability, and potential for success;

1 “(iii) coordinate with the Office of the
2 Coordinator of United States Government
3 Activities to Combat HIV/AIDS Globally
4 and equivalent managers of other relevant
5 executive branch agencies that are imple-
6 menting global health programs to develop
7 and implement program plans, country-
8 level interactions, and recipient administra-
9 tive requirements in countries in which
10 more than one program operates;

11 “(iv) coordinate relevant executive
12 branch agency activities in the field, in-
13 cluding coordination of planning, imple-
14 mentation, and evaluation of malaria pro-
15 grams with HIV/AIDS programs in coun-
16 tries in which both programs are being
17 carried out;

18 “(v) pursue coordinate program im-
19 plementation with host governments, other
20 donors, and the private sector; and

21 “(vi) establish due diligence criteria
22 for all recipients of funds appropriated
23 pursuant to the authorizations of appro-
24 priations under section 401 for malaria as-
25 sistance.

1 “(f) ASSISTANCE TO WHO.—In carrying out this sec-
2 tion, the President is authorized to make a United States
3 contribution to the Roll Back Malaria Partnership and the
4 World Health Organization (WHO) to improve the capac-
5 ity of countries with high rates of malaria and other af-
6 fected countries to implement comprehensive malaria con-
7 trol programs.

8 “(g) ANNUAL REPORT.—

9 “(1) IN GENERAL.—Not later than 270 days
10 after the date of the enactment of the Tom Lantos
11 and Henry J. Hyde Global Leadership Against HIV/
12 AIDS, Tuberculosis, and Malaria Reauthorization
13 Act of 2008, and annually thereafter, the President
14 shall transmit to the appropriate congressional com-
15 mittees a report on United States assistance for the
16 prevention, treatment, control, and elimination of
17 malaria.

18 “(2) MATTERS TO BE INCLUDED.—The report
19 required under paragraph (1) shall include a de-
20 scription of—

21 “(A) the countries and activities to which
22 malaria assistance has been allocated;

23 “(B) the number of people reached
24 through malaria assistance programs;

1 “(C) the percentage and number of chil-
2 dren and mothers reached through malaria as-
3 sistance programs;

4 “(D) research efforts to develop new tools
5 to combat malaria, including drugs and vac-
6 cines;

7 “(E) collaboration with the World Health
8 Organization (WHO), the Global Fund to Fight
9 AIDS, Tuberculosis and Malaria, other donor
10 governments, and relevant executive branch
11 agencies to combat malaria;

12 “(F) quantified impact of United States
13 assistance on childhood morbidity and mor-
14 tality;

15 “(G) the number of children who received
16 immunizations through malaria assistance pro-
17 grams; and

18 “(H) the number of women receiving ante-
19 natal care through malaria assistance pro-
20 grams.”.

21 **SEC. 304. HEALTH CARE PARTNERSHIPS TO COMBAT HIV/**
22 **AIDS.**

23 (a) IN GENERAL.—Title III of the United States
24 Leadership Against HIV/AIDS, Tuberculosis, and Malaria

1 Act of 2003 (22 U.S.C. 7631 et seq.) is amended by strik-
2 ing section 304 and inserting the following:

3 **“SEC. 304. HEALTH CARE PARTNERSHIPS TO COMBAT HIV/**
4 **AIDS.**

5 “(a) SENSE OF CONGRESS.—It is the sense of Con-
6 gress that the use of health care partnerships that link
7 United States and host country health care institutions
8 create opportunities for sharing of knowledge and exper-
9 tise among individuals with significant experience in
10 health-related fields and build local capacity to combat
11 HIV/AIDS and increase scientific understanding of the
12 progression of HIV/AIDS and the HIV/AIDS epidemic.

13 “(b) AUTHORITY TO FACILITATE HEALTH CARE
14 PARTNERSHIPS TO COMBAT HIV/AIDS.—The President,
15 acting through the Coordinator of United States Govern-
16 ment Activities to Combat HIV/AIDS Globally, shall fa-
17 cilitate the development of health care partnerships de-
18 scribed in subsection (a) by—

19 “(1) supporting short- and long-term institu-
20 tional partnerships, including partnerships that build
21 capacity in ministries of health, central- and district-
22 level health agencies, medical facilities, health edu-
23 cation and training institutions, academic centers,
24 and faith- and community-based organizations in-

1 volved in prevention, treatment, and care of HIV/
2 AIDS;

3 “(2) supporting the development of consultation
4 services using appropriate technologies, including on-
5 line courses, DVDs, telecommunications services,
6 and other technologies to eliminate the barriers that
7 prevent host country professionals from accessing
8 high quality health care services information, par-
9 ticularly providers located in rural areas;

10 “(3) supporting the placements of highly quali-
11 fied individuals to strengthen human and organiza-
12 tional capacity through the use of health care profes-
13 sionals to facilitate skills transfer, building local ca-
14 pacity, and to expand rapidly the pool of providers,
15 managers, and other health care staff delivering
16 HIV/AIDS services in host countries; and

17 “(4) meeting individual country needs and,
18 where possible, insisting on the implementation of a
19 national strategic plan, by providing training and
20 mentoring to strengthen human and organizational
21 capacity among local health care service organiza-
22 tions.

23 “(c) AUTHORIZATION OF APPROPRIATIONS.—Of the
24 amounts authorized to be appropriated under section 401
25 for HIV/AIDS assistance, there are authorized to be ap-

1 appropriated to the President such sums as may be nec-
 2 essary for each of the fiscal years 2009 through 2013 to
 3 carry out this section.”.

4 (b) CLERICAL AMENDMENT.—The table of contents
 5 for the United States Leadership Against HIV/AIDS, Tu-
 6 berculosis, and Malaria Act of 2003 (22 U.S.C. 7601 note)
 7 is amended by striking the item relating to section 304
 8 and inserting the following new item:

“Sec. 304. Health care partnerships to combat HIV/AIDS.”.

9 **Subtitle B—Assistance for Women,** 10 **Children, and Families**

11 **SEC. 311. POLICY AND REQUIREMENTS.**

12 (a) POLICY.—Subsection (a) of section 312 of the
 13 United States Leadership Against HIV/AIDS, Tuber-
 14 culosis, and Malaria Act of 2003 (22 U.S.C. 7652) is
 15 amended—

16 (1) in the first sentence, by striking “The
 17 United States Government’s” and inserting the fol-
 18 lowing:

19 “(1) IN GENERAL.—The United States”; and

20 (2) by adding at the end the following:

21 “(2) COLLABORATION.—The United States
 22 should work in collaboration with governments, do-
 23 nors, the private sector, nongovernmental organiza-
 24 tions, and other key stakeholders to carry out the
 25 policy described in paragraph (1).”.

1 (b) REQUIREMENTS.—Subsection (b) of such section
2 is amended to read as follows:

3 “(b) REQUIREMENTS.—The 5-year United States
4 strategy required by section 101 of this Act shall—

5 “(1) establish a target for prevention and treat-
6 ment of mother-to-child transmission of HIV that by
7 2013 will reach at least 80 percent of pregnant
8 women in those countries most affected by HIV/
9 AIDS;

10 “(2) establish a target requiring that by 2013
11 up to 15 percent of individuals receiving care and up
12 to 15 percent of individuals receiving treatment
13 under this Act and the amendments made by this
14 Act are children;

15 “(3) integrate care and treatment with preven-
16 tion of mother-to-child transmission of HIV pro-
17 grams in order to improve outcomes for HIV-af-
18 fected women and families as soon as is feasible,
19 consistent with the national government policies of
20 countries in which programs under this Act are ad-
21 ministered, and including support for strategies to
22 ensure successful follow-up and continuity of care;

23 “(4) expand programs designed to care for chil-
24 dren orphaned by HIV/AIDS;

1 “(5) develop a timeline for expanding access to
2 more effective regimes to prevent mother-to-child
3 transmission of HIV, consistent with the national
4 government policies of countries in which programs
5 under this Act are administered and the goal of
6 achieving universal use of such regimens as soon as
7 possible;

8 “(6) ensure that women receiving voluntary
9 contraceptive counseling, services, or commodities in
10 programs supported by the United States Govern-
11 ment have access to the full range of HIV/AIDS
12 services; and

13 “(7) ensure that women in prevention of moth-
14 er-to-child transmission of HIV programs are pro-
15 vided with appropriate maternal and child services,
16 either directly or by referral.”.

17 **SEC. 312. ANNUAL REPORTS ON PREVENTION OF MOTHER-**
18 **TO-CHILD TRANSMISSION OF THE HIV INFEC-**
19 **TION.**

20 Section 313(a) of the United States Leadership
21 Against HIV/AIDS, Tuberculosis, and Malaria Act of
22 2003 (22 U.S.C. 7653(a)) is amended by striking “5
23 years” and inserting “10 years”.

1 **SEC. 313. STRATEGY TO PREVENT HIV INFECTIONS AMONG**
2 **WOMEN AND YOUTH.**

3 (a) IN GENERAL.—Title III of the United States
4 Leadership Against HIV/AIDS, Tuberculosis, and Malaria
5 Act of 2003 (22 U.S.C. 7631 et seq.) is amended by add-
6 ing at the end the following:

7 **“SEC. 316. STRATEGY TO PREVENT HIV INFECTIONS AMONG**
8 **WOMEN AND YOUTH.**

9 “(a) STATEMENT OF POLICY.—In order to meet the
10 United States Government’s goal of preventing
11 12,000,000 new HIV infections worldwide, it shall be the
12 policy of the United States to pursue a global HIV/AIDS
13 prevention strategy that emphasizes the immediate and
14 ongoing needs of women and youth and addresses the fac-
15 tors that lead to gender disparities in the rate of HIV in-
16 fection.

17 “(b) STRATEGY.—

18 “(1) IN GENERAL.—The President shall formu-
19 late a comprehensive, integrated, and culturally-ap-
20 propriate global HIV/AIDS prevention strategy that,
21 to the extent epidemiologically appropriate, address-
22 es the vulnerabilities of women and youth to HIV in-
23 fection and seeks to reduce the factors that lead to
24 gender disparities in the rate of HIV infection.

25 “(2) ELEMENTS.—The strategy required under
26 paragraph (1) shall include specific goals and tar-

1 gets under the 5-year strategy outlined in section
2 101 and shall include comprehensive HIV/AIDS pre-
3 vention education at the individual and national level
4 including the ABC ('Abstain, Be faithful, use
5 Condoms') model as a means to reduce HIV infec-
6 tions and shall include the following:

7 “(A) Specific goals under the five-year
8 strategy outlined in section 101.

9 “(B) Empowering women and youth to
10 avoid cross-generational sex and to decide when
11 and whom to marry in order to reduce the inci-
12 dence of early or child marriage.

13 “(C) Dramatically increasing access to cur-
14 rently available female-controlled prevention
15 methods and including investments in training
16 to increase the effective and consistent use of
17 both male and female condoms.

18 “(D) Accelerating the de-stigmatization of
19 HIV/AIDS among women and youth as a major
20 risk factor for the transmission of HIV.

21 “(E) Addressing and preventing post-trau-
22 matic and psycho-social consequences and pro-
23 viding post-exposure prophylaxis to victims of
24 gender-based violence and rape against women
25 and youth through appropriate medical, social,

1 educational, and legal assistance and through
2 prosecutions and legal penalties to address such
3 violence.

4 “(F) Promoting changes in male attitudes
5 and behavior that respect the human rights of
6 women and youth and that support and foster
7 gender equality.

8 “(G) Supporting the development of micro-
9 enterprise initiatives, job training programs,
10 and other such efforts to assist women in devel-
11 oping and retaining independent economic
12 means.

13 “(H) Supporting universal basic education
14 and expanded educational opportunities for
15 women and youth.

16 “(I) Protecting the property and inherit-
17 ance rights of women.

18 “(J) Coordinating inclusion of HIV/AIDS
19 prevention information and education services
20 and programs for individuals with HIV/AIDS
21 with existing health care services targeted to
22 women and youth, such as ensuring access to
23 HIV/AIDS education and testing in family
24 planning programs supported by the United
25 States Government and programs to reduce

1 mother-to-child transmission of HIV, and ex-
2 panding the reach of such HIV/AIDS health
3 services.

4 “(K) Promoting gender equality by sup-
5 porting the development of nongovernmental or-
6 ganizations, including faith-based and commu-
7 nity-based organizations, that support the needs
8 of women and utilizing such organizations that
9 are already empowering women and youth at
10 the community level.

11 “(L) Encouraging the creation and effec-
12 tive enforcement of legal frameworks that guar-
13 antee women equal rights and equal protection
14 under the law.

15 “(M) Encouraging the participation and
16 involvement of women in drafting, coordinating,
17 and implementing the national HIV/AIDS stra-
18 tegic plans of their countries.

19 “(N) Responding to other economic and
20 social factors that increase the vulnerability of
21 women and youth to HIV infection.

22 “(3) TRANSMISSION TO CONGRESS AND PUBLIC
23 AVAILABILITY.—Not later than 180 days after the
24 date of the enactment of the Tom Lantos and Henry
25 J. Hyde Global Leadership Against HIV/AIDS, Tu-

1 berculosis, and Malaria Reauthorization Act of
2 2008, the President shall transmit to the appro-
3 priate congressional committees and make available
4 to the public the strategy required under paragraph
5 (1).

6 “(c) COORDINATION.—In formulating and imple-
7 menting the strategy required under subsection (b), the
8 President shall ensure that the United States coordinates
9 its overall HIV/AIDS policy and programs with the na-
10 tional governments of the countries for which the United
11 States provides assistance to combat HIV/AIDS and, to
12 the extent practicable, with international organizations,
13 other donor countries, and indigenous organizations, in-
14 cluding faith-based and community-based organizations
15 specifically for the purposes of ensuring gender equality
16 and promoting respect of the human rights of women that
17 impact their susceptibility to HIV/AIDS, improving wom-
18 en’s health, and expanding education for women and
19 youth, and organizations, including faith-based and other
20 nonprofit organizations, providing services to and advo-
21 cating on behalf of individuals with HIV/AIDS and indi-
22 viduals affected by HIV/AIDS.

23 “(d) GUIDANCE.—

24 “(1) IN GENERAL.—The President shall provide
25 clear guidance to field missions of the United States

1 Government in countries for which the United States
2 provides assistance to combat HIV/AIDS, based on
3 the strategy required under subsection (b).

4 “(2) TRANSMISSION TO CONGRESS AND PUBLIC
5 AVAILABILITY.—The President shall transmit to the
6 appropriate congressional committees and make
7 available to the public a description of the guidance
8 required under paragraph (1).

9 “(e) REPORT.—

10 “(1) IN GENERAL.—Not later than 1 year after
11 the date of the enactment of the Tom Lantos and
12 Henry J. Hyde Global Leadership Against HIV/
13 AIDS, Tuberculosis, and Malaria Reauthorization
14 Act of 2008, and annually thereafter as part of the
15 annual report required under section 104A(e) of the
16 Foreign Assistance Act of 1961 (22 U.S.C. 2151b–
17 2(e)), the President shall transmit to the appro-
18 priate congressional committees and make available
19 to the public a report on the implementation of this
20 section for the prior fiscal year.

21 “(2) MATTERS TO BE INCLUDED.—The report
22 required under paragraph (1) shall include the fol-
23 lowing:

1 “(A) A description of the prevention pro-
2 grams designed to address the vulnerabilities of
3 women and youth to HIV/AIDS.

4 “(B) A list of nongovernmental organiza-
5 tions in each country that receive assistance
6 from the United States to carry out HIV pre-
7 vention activities, including the amount and the
8 source of funding received.”.

9 (b) CLERICAL AMENDMENT.—The table of contents
10 for the United States Leadership Against HIV/AIDS, Tu-
11 berculosis, and Malaria Act of 2003 (22 U.S.C. 7601 note)
12 is amended by inserting after the item relating to section
13 315 the following:

 “Sec. 316. Strategy to prevent HIV infections among women and youth.”.

14 **SEC. 314. CLERICAL AMENDMENT.**

15 The table of contents for the United States Leader-
16 ship Against HIV/AIDS, Tuberculosis, and Malaria Act
17 of 2003 (22 U.S.C. 7601 note) is amended by striking
18 the item relating to subtitle B of title III and inserting
19 the following:

 “Subtitle B—Assistance for Women, Children, and Families”.

1 **TITLE IV—AUTHORIZATION OF**
2 **APPROPRIATIONS**

3 **SEC. 401. AUTHORIZATION OF APPROPRIATIONS.**

4 Section 401(a) of the United States Leadership
5 Against HIV/AIDS, Tuberculosis, and Malaria Act of
6 2003 (22 U.S.C. 7671(a)) is amended—

7 (1) by striking “\$3,000,000,000” and inserting
8 “\$10,000,000,000”; and

9 (2) by striking “fiscal years 2004 through
10 2008” and inserting “fiscal years 2009 through
11 2013”.

12 **SEC. 402. SENSE OF CONGRESS.**

13 Section 402(b) of the United States Leadership
14 Against HIV/AIDS, Tuberculosis, and Malaria Act of
15 2003 (22 U.S.C. 7672) is amended—

16 (1) by striking paragraph (1);

17 (2) by redesignating paragraphs (2) through
18 (4) as paragraphs (1) through (3), respectively; and

19 (3) in paragraph (2) (as redesignated by para-
20 graph (2) of this section), by striking “, of which”
21 and all that follows through “programs”.

22 **SEC. 403. ALLOCATION OF FUNDS.**

23 (a) HIV/AIDS PREVENTION ACTIVITIES.—Sub-
24 section (a) of section 403 of the United States Leadership

1 Against HIV/AIDS, Tuberculosis, and Malaria Act of
2 2003 (22 U.S.C. 7673) is amended to read as follows:

3 “(a) HIV/AIDS PREVENTION ACTIVITIES.—

4 “(1) IN GENERAL.—For each of the fiscal years
5 2009 through 2013, not less than 20 percent of the
6 amounts appropriated pursuant to the authorization
7 of appropriations under section 401 for HIV/AIDS
8 assistance for each such fiscal year shall be ex-
9 pended for HIV/AIDS prevention activities con-
10 sistent with section 104A(d) of the Foreign Assist-
11 ance Act of 1961.

12 “(2) BALANCED FUNDING REQUIREMENT.—(A)
13 The Coordinator of United States Government Ac-
14 tivities to Combat HIV/AIDS Globally shall provide
15 balanced funding for prevention activities for sexual
16 transmission of HIV/AIDS and shall ensure that be-
17 havioral change programs, including abstinence,
18 delay of sexual debut, monogamy, fidelity and part-
19 ner reduction, are implemented and funded in a
20 meaningful and equitable way in the strategy for
21 each host country based on objective epidemiological
22 evidence as to the source of infections and in con-
23 sultation with the government of each host county
24 involved in HIV/AIDS prevention activities.

1 “(B) In fulfilling the requirement under sub-
2 paragraph (A), the Coordinator shall establish a
3 HIV sexual transmission prevention strategy gov-
4 erning the expenditure of funds authorized by the
5 Act used to prevent the sexual transmission of HIV
6 in any host country with a generalized epidemic. In
7 each such host country, if this strategy provides less
8 than 50 percent of such funds for behavioral change
9 programs, including abstinence, delay of sexual
10 debut, monogamy, fidelity, and partner reduction,
11 the Coordinator shall, within 30 days of the issuance
12 of this strategy, report to the appropriate congres-
13 sional committees on the justification for this deci-
14 sion.

15 “(C) Programs and activities that implement or
16 purchase new prevention technologies or modalities
17 such as medical male circumcision, pre-exposure pro-
18 phylaxis, or microbicides and programs and activities
19 that provide counseling and testing for HIV or pre-
20 vent mother-to-child prevention of HIV shall not be
21 included in determining compliance with this para-
22 graph.

23 “(3) REPORT.—Not later than 1 year after the
24 date of the enactment of the Tom Lantos and Henry
25 J. Hyde Global Leadership Against HIV/AIDS, Tu-

13 SEC. 404. PROHIBITION ON TAXATION BY FOREIGN GOV-
14 ERNMENTS.

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1 of State shall expeditiously seek to negotiate amendments
2 to existing bilateral agreements, as necessary, to conform
3 with this requirement.

4 (b) DE MINIMUS EXCEPTION.—Foreign taxes of a de
5 minimus nature shall not be subject to the provisions of
6 subsection (a).

7 (c) REPROGRAMMING OF FUNDS.—Funds withheld
8 from obligation for each country or entity pursuant to sub-
9 section (a) shall be reprogrammed for assistance to coun-
10 tries which do not assess taxes on United States assistance
11 or which have an effective arrangement that is providing
12 substantial reimbursement of such taxes.

13 (d) DETERMINATIONS.—

14 (1) IN GENERAL.—The provisions of this sec-
15 tion shall not apply to any country or entity the Sec-
16 retary of State determines—

17 (A) does not assess taxes on United States
18 assistance or which has an effective arrange-
19 ment that is providing substantial reimburse-
20 ment of such taxes; or

21 (B) the foreign policy interests of the
22 United States outweigh the policy of this sec-
23 tion to ensure that United States assistance is
24 not subject to taxation.

1 (2) CONSULTATION.—The Secretary of State
2 shall consult with the Committees on Foreign Af-
3 fairs and Appropriations at least 15 days prior to
4 exercising the authority of this subsection with re-
5 gard to any country or entity.

6 (e) IMPLEMENTATION.—The Secretary of State shall
7 issue rules, regulations, or policy guidance, as appropriate,
8 to implement the prohibition against the taxation of assist-
9 ance contained in this section.

10 (f) DEFINITIONS.—As used in this section—

11 (1) the terms “taxes” and “taxation” refer to
12 value added taxes and customs duties imposed on
13 commodities financed with United States assistance
14 for programs for which funds are authorized by this
15 Act; and

16 (2) the term “bilateral agreement” refers to a
17 framework bilateral agreement between the Govern-
18 ment of the United States and the government of
19 the country receiving assistance that describes the
20 privileges and immunities applicable to United
21 States foreign assistance for such country generally,
22 or an individual agreement between the Government
23 of the United States and such government that de-
24 scribes, among other things, the treatment for tax

1 purposes that will be accorded the United States as-
2 sistance provided under that agreement.

3 **TITLE V—SUSTAINABILITY AND**
4 **STRENGTHENING OF HEALTH**
5 **CARE SYSTEMS**

6 **SEC. 501. SUSTAINABILITY AND STRENGTHENING OF**
7 **HEALTH CARE SYSTEMS.**

8 The United States Leadership Against HIV/AIDS,
9 Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7601
10 et seq.) is amended by adding at the end the following:

11 **“TITLE VI—SUSTAINABILITY AND**
12 **STRENGTHENING OF HEALTH**
13 **CARE SYSTEMS**

14 **“SEC. 601. FINDINGS.**

15 “Congress makes the following findings:

16 “(1) The shortage of health personnel, includ-
17 ing doctors, nurses, pharmacists, counselors, labora-
18 tory staff, and paraprofessionals, is one of the lead-
19 ing obstacles to fighting HIV/AIDS in sub-Saharan
20 Africa.

21 “(2) The HIV/AIDS pandemic aggravates the
22 shortage of health workers through loss of life and
23 illness among medical staff, unsafe working condi-
24 tions for medical personnel, and increased workloads
25 for diminished staff, while the shortage of health

1 personnel undermines efforts to prevent and provide
2 care and treatment for individuals with HIV/AIDS.

3 “(3) Failure to address the shortage of health
4 care professionals and paraprofessionals, and the
5 factors forcing such individuals to leave sub-Saharan
6 Africa, will undermine the objectives of United
7 States development policy and will subvert opportu-
8 nities to achieve internationally-recognized goals for
9 the prevention, treatment, and care of HIV/AIDS
10 and other diseases, the reduction of child and mater-
11 nal mortality, and for economic growth and develop-
12 ment in sub-Saharan Africa.

13 **“SEC. 602. NATIONAL HEALTH WORKFORCE STRATEGIES**
14 **AND OTHER POLICIES.**

15 “(a) NATIONAL HEALTH WORKFORCE STRATE-
16 GIES.—

17 “(1) STATEMENT OF POLICY.—It shall be the
18 policy of the United States Government to support
19 countries receiving United States assistance to com-
20 bat HIV/AIDS, tuberculosis, and malaria, and other
21 health programs in developing, strengthening, and
22 implementing 5-year health workforce strategies.

23 “(2) TECHNICAL AND FINANCIAL ASSIST-
24 ANCE.—The Administrator of the United States
25 Agency for International Development, in coordina-

tion with the Coordinator of United States Government Activities to Combat HIV/AIDS Globally, is authorized to provide technical and financial assistance to countries described in paragraph (1) to enable such countries, in conjunction with other funding sources, to develop, strengthen, and implement health workforce strategies.

“(3) ACTIVITIES SUPPORTED.—Assistance provided under paragraph (2) shall, to the maximum extent practicable, be used to carry out the following:

“(A) Activities to promote an inclusive process that includes nongovernmental organizations and individuals with HIV/AIDS in developing health workforce strategies.

“(B) Activities to achieve and sustain a health workforce sufficient in numbers, skill, and capacity to meet United States and host-country international health commitments, including the Millennium Development Goals and universal access to HIV/AIDS prevention, treatment, and care. In particular, such health workforce strategies should include plans for progress toward achieving the minimum ratio of health professionals required to achieve these

1 goals by 2015, estimated by the World Health
2 Organization to require at least 2.3 doctors,
3 nurses, and midwives per 1,000 population, and
4 additional health workers such as pharmacists
5 and lab technicians.

6 “(C) Activities to ensure that health work-
7 force strategies are aimed at creating appro-
8 priate distribution of health workers and
9 prioritizing activities required to ensure rural,
10 marginalized, and other underserved popu-
11 lations are able to access skilled and equipped
12 health workers.

13 “(D) Activities to expand the capacity of
14 public and private medical, nursing, pharma-
15 ceutical, and other health training institutions.

16 “(b) POSITIVE BROADER HEALTH IMPACT.—It shall
17 be the policy of the United States to ensure to expand
18 the capacity of the health workforce engaged in HIV/AIDS
19 programming in ways that contribute to, and do not de-
20 tract from, the capacity of countries to meet other health
21 needs, particularly child survival and maternal health.

22 “(c) SAFETY FOR HEALTH WORKERS.—It is the
23 sense of Congress that the United States should ensure
24 that all health workers participating in programs that re-
25 ceive assistance under this Act and the amendments made

1 by this Act have the proper training to create safe and
2 sanitary working conditions in accordance with universal
3 precautions and other forms of infection prevention and
4 control.

5 “(d) HEALTH CARE FOR HEALTH WORKERS.—The
6 Coordinator of United States Government Activities to
7 Combat HIV/AIDS Globally shall ensure that comprehen-
8 sive and confidential health services shall be provided to
9 all health workers participating in programs that receive
10 assistance under this Act and the amendments made by
11 this Act, including—

12 “(1) testing and counseling for all such employ-
13 ees;

14 “(2) providing HIV/AIDS treatment to HIV-
15 positive employees; and

16 “(3) taking measures to reduce HIV-related
17 stigma in the workplace.

18 “(e) TRAINING AND COMPENSATION FINANCE.—
19 Where the Coordinator determines such financial support
20 is essential to fulfill the purposes of this Act, the Coordi-
21 nator shall finance training and provide compensation or
22 other benefits for health workers in order to enhance re-
23 cruitment and retention of such workers.

1 **“SEC. 603. EXEMPTION OF INVESTMENTS IN HEALTH FROM**
2 **LIMITS SOUGHT BY INTERNATIONAL FINAN-**
3 **CIAL INSTITUTIONS.**

4 “(a) COORDINATION WITHIN THE UNITED STATES
5 GOVERNMENT.—The Coordinator of United States Gov-
6 ernment Activities to Combat HIV/AIDS Globally shall
7 work with the Secretary of the Treasury to reform Inter-
8 national Monetary Fund macroeconomic and fiscal policies
9 that result in limitations on national and donor invest-
10 ments in health.

11 “(b) POSITION OF THE UNITED STATES AT THE
12 IMF.—The Secretary of the Treasury shall instruct the
13 United States Executive Director at the International
14 Monetary Fund to use the voice, vote, and influence of
15 the United States to oppose any loan, project, agreement,
16 memorandum, instrument, plan, or other program of the
17 International Monetary Fund that does not exempt in-
18 creased government spending on health care from national
19 budget caps or restraints, hiring or wage bill ceilings, or
20 other limits sought by any international financial institu-
21 tion.

22 **“SEC. 604. PUBLIC-SECTOR PROCUREMENT, DRUG REG-**
23 **ISTRATION, AND SUPPLY CHAIN MANAGE-**
24 **MENT SYSTEMS.**

25 “(a) IN GENERAL.—The Coordinator of United
26 States Government Activities to Combat AIDS Globally

1 shall work with the Partnership for Supply Chain Manage-
2 ment Systems, host countries, and nongovernmental orga-
3 nizations to develop effective, reliable host country-owned
4 and operated public-sector procurement and supply chain
5 management systems, including regional distribution, with
6 ongoing technical assistance and sustained support to en-
7 sure the function of such systems, as well as the function
8 of existing non-public sector supply chains, including those
9 operated by faith-based and other humanitarian organiza-
10 tions that procure and distribute medical supplies.

11 “(b) AVAILABILITY OF EQUIPMENT AND SUP-
12 PLIES.—The public-sector procurement and supply chain
13 management systems developed pursuant to subsection (a)
14 should ensure that adequate laboratory equipment and
15 supplies commonly needed to fight HIV/AIDS, including
16 diagnostic tests for CD4 and viral load counts, x-ray ma-
17 chines, mobile and facility-based rapid HIV test kits and
18 other necessary assays, reagents and basic supplies such
19 as sterile syringes and gloves, are available and distributed
20 in a manner that is accessible to urban and rural popu-
21 lations.

22 “(c) DRUG REGISTRATION.—The Coordinator shall
23 work with host country partners and development partners
24 to support efficient and effective drug approval and reg-

1 istration systems that allow expeditious access to safe and
2 effective drugs, including antiretroviral drugs.

3 “(d) REPORT.—The Coordinator shall submit to the
4 appropriate congressional committees an annual report on
5 the implementation of this section, including progress to-
6 ward specific benchmarks established by the Partnership
7 for Supply Chain Management Systems, and the projec-
8 tion of when host countries can fully sustain their own
9 procurement and supply chain management and distribu-
10 tion systems at a scale necessary for national primary
11 health needs.

12 **“SEC. 605. AUTHORIZATION OF APPROPRIATIONS.**

13 “(a) IN GENERAL.—Of the amounts authorized to be
14 appropriated under section 401 for HIV/AIDS assistance,
15 there are authorized to be appropriated to the President
16 such sums as may be necessary for each of the fiscal years
17 2009 through 2013 to carry out this title.

18 “(b) AVAILABILITY.—Amounts appropriated pursu-
19 ant to the authorization of appropriations under sub-
20 section (a) are authorized to remain available until ex-
21 pended.”.

22 **SEC. 502. CLERICAL AMENDMENT.**

23 The table of contents for the United States Leader-
24 ship Against HIV/AIDS, Tuberculosis, and Malaria Act

1 of 2003 (22 U.S.C. 7601 note) is amended by inserting
 2 after the items relating to title V the following:

“TITLE VI—SUSTAINABILITY AND STRENGTHENING OF HEALTH
 CARE SYSTEMS

“Sec. 601. Findings.

“Sec. 602. National health workforce strategies and other policies.

“Sec. 603. Exemption of investments in health from limits sought by inter-
 national financial institutions.

“Sec. 604. Public-sector procurement, drug registration, and supply chain man-
 agement systems.

“Sec. 605. Authorization of appropriations.”.

